











# ILLUSTRATIONS

OF THE

## SALTS OF THE URINE, URINARY DEPOSITS AND CALCULI,

INCLUDING

THE STRUCTURE OF THE KIDNEY IN HEALTH AND  
DISEASE; MICROSCOPICAL AND CHEMICAL  
APPARATUS, ENTOMOA, &c.

SEVENTY PLATES,

CONTAINING UPWARDS OF 400 SEPARATE FIGURES, CAREFULLY COPIED FROM  
THE OBJECTS THEMSELVES,

\* 7746.2

*with* BY

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## PREFACE.

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THE number of Plates has been increased from thirty-five to seventy, and there are two hundred and forty-five more figures than in the first edition. Many of the old drawings have been re-engraved, and nearly one hundred new ones have been introduced.

It is hoped that by the aid of the Work in its present form, the Practitioner will be enabled to ascertain the nature of any urinary deposit which may fall under his notice, without difficulty or loss of time.

L. S. B.

61, GROSVENOR STREET,

*October, 1868.*



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## EXPLANATION OF THE PLATES.

## STRUCTURE OF THE KIDNEY.

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#### ILLUSTRATIONS OF URINARY DEPOSITS—EXTRANEOUS MATTERS.

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- Plate XXIV. Fig. 133. Groups of crystals of uric acid, often termed "Cayenne pepper" grains, with octahedra of oxalate of lime. Fig. 134. Masses of small uric acid crystals. Fig. 135. Beautiful aggregations of uric acid, p. 384.
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Plate XXX. Fig. 164. Quadrilateral pyramidal crystals of uric acid, precipitated from urine by nitric acid. Fig. 165. Uric acid, from the urine of a case of fatty degeneration of the kidneys. Fig. 166. Less common forms of uric acid crystals: *a*, Cayenne pepper-like grains; *b*, six-sided crystals; *c*, mass with small uric acid crystals projecting from it; *d*, small pyramidal crystals of uric acid very uncommon; *e*, peculiar forms of uric acid. Fig. 167. Irregularly shaped crystalline plates consisting of uric acid, from urine. Fig. 168. Two forms of uric acid, p. 384.

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Irregularly formed crystals of cystine. Fig. 193. Crystals of carbonate of lime seen by reflected light. Fig. 194. Blood corpuscles: *a, b, c*, taken from the living body; *d, e, f*, from the urine; *d*, corpuscles smaller than natural; at *e* their circumference is serrated and ragged, and also at *f*. Fig. 195. Large cells filled with granular matter in the urine of a case of chronic bronchitis. Fig. 196. Crystals of carbonate of lime in Canada balsam, appearance with transmitted light. Fig. 197. Tubercle corpuscles from a tubercle in the lung. Fig. 198. Cells found in the urine of a case of renal dropsy. Fig. 199. Cells found in the urine of a child, age 14, suffering from hæmorrhage. Fatty degeneration, 7 months. Fig. 200. Altered blood, menstrual fluid, p. 383.

Plate XXXV. Fig. 201. Rhomboidal and feathery crystals of hæmatoidin, from a softened clot. Human. Fig. 202. Feathery crystals of hæmatoidin found in the urine a fortnight after slight rupture (?) of one kidney. Human subject. Fig. 203. Cancer cells from the urine in a very bad case of cancer of the uterus. Fig. 204. Cancer cells from a case of cancer of the bladder. Found in the urine. Fig. 205. Cells from the urine of a case of acute rheumatism: *a*, in the natural state; *b*, treated with acetic acid; *c*, resembling pus; *d*, the same treated with acetic acid. The small circular bodies are blood corpuscles. Fig. 206. Blood in the form of irregularly shaped clots from the vagina, p. 394.

#### ENTOZOA.

Plate I. Fig. 1. Layers of which the wall of an hydatid cyst is composed. Fig. 2. Echinococci from hydatid liver of ox. Fig. 3. Echinococci. Fig. 4. Free hooklets of echinococci. Fig. 5. Hooklet of echinococcus. Fig. 6. *Tenia echinococcus*. Fig. 7. *Dipyloma crenata* half the real size. Fig. 8. Ova of *bilharzia hæmatobia* found in urinary deposit. Fig. 9. An ovum of *bilharzia hæmatobia* highly magnified. Fig. 10. Ova of *bilharzia hæmatobia*. Fig. 11. *Bilharzia hæmatobia*, after Bilharz, p. 402.

#### URINARY CALCULI.

Plate I. Fig. 1. Large uric acid calculus consisting of concentric layers of uric acid deposited upon a smaller calculus composed of oxalate of lime. Fig. 2. Beautiful example of oxalate of lime calculus, the surface of which is of a pale brown colour, and the tubercles small and delicate. Fig. 3. Mulberry calculus which was of a rich plum colour. Fig. 4. Small prostatic calculi. Fig. 5. Large mulberry calculus two-thirds the real size. Fig. 6. Phosphatic calculus. Fig. 7. Blood calculus from the infundibula of the kidney. Fig. 8. One large and two small blood calculi from the pelvis of the kidney. Fig. 9. Phosphatic calculus, the nucleus composed of a small uric acid calculus. Fig. 10. Small calculi from the kidney. The nuclei composed of soft granular material, probably disintegrated epithelium. Fig. 11. Very small calculi from the follicles of the prostate gland, p. 416.

Plate II. Fig. 12. Small compound oxalate of lime calculus found in the urine of a young man who was passing numerous dumb-bells of

oxalate of lime and crystals of uric acid. Fig. 13. Compound oxalate of lime calculus from the same case as that shown in fig. 12. Fig. 14. Urinary deposit consisting of crystals of triple phosphate, and smooth and irregularly shaped oxalate of lime calculi passed in immense numbers from a gentleman suffering from symptoms of renal calculus. Fig. 15. The same calculi as shown in fig. 14 after being treated with acetic acid. The nuclei and concentric layers of each individual calculus have been rendered beautifully distinct, p. 420.

Plate III. Fig. 1. A calculus which had undergone spontaneous fracture in the bladder. Figs. 2 and 3. Portion of a calculus which had separated before removal. Fig. 4. Another calculus which had undergone spontaneous fracture, p. 434.

Fig. 1.

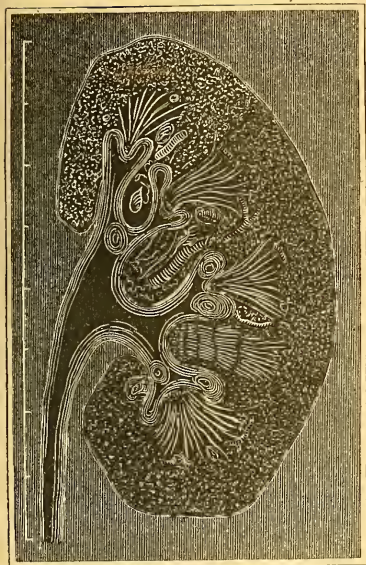


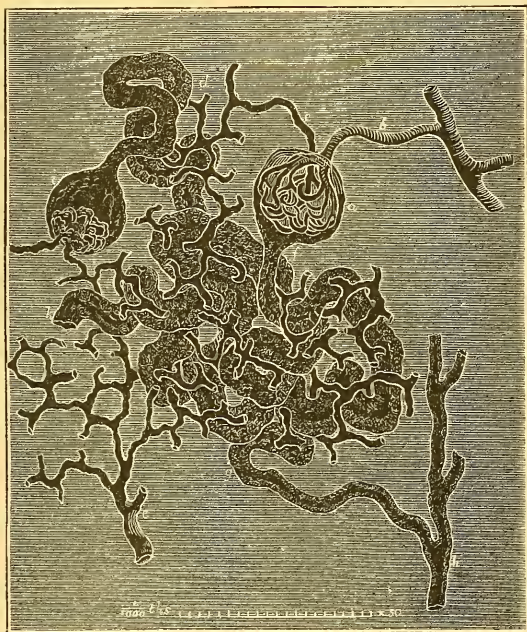
Diagram showing the general anatomy of the human kidney as seen upon section. About two-thirds the natural size. The scale at the side is divided into eight spaces representing half-inches. p. 2.

Fig. 2.



Thin section of a portion of the human kidney. *a*, cortical; *b*, medullary portion; *c*, pelvis; *d*, infundibulum; *e* opening of an infundibulum into pelvis; *f*, calyx; *g*, pyramid; *h*, mamilla or papilla; *i* adipose tissue; *k*, large veins divided in making the section. Small arteries are also seen cut across in different parts of the section, some large branches being situated between the cortex and the medullary portion of the organ. p. 3.

Fig. 3.



The secreting portion of the human kidney, showing the uriniferous tube, *k*, commencing in a flask like dilatation, *a, i*, which embraces the capillary vessels of the Malpighian tuft. *b, c* a branch of the artery, afferent vessel, which enters the Malpighian tuft. *c* the vein or efferent vessel.  $\times$  about 60. p. 5.



## STRUCTURE OF THE KIDNEY.

### PLATE II.

Fig. 4. Part of the cortex, with the commencement of the medullary portion of the kidney, magnified 15 diameters. *a.* Branches of artery. *b.* Afferent vessels of tuft. *c.* Malpighian tufts. *d.* Efferent vessel of tufts. *e.* Network of capillaries, into which the blood, after having traversed the capillary loops of the tuft, is carried. *f.* Small radicles of renal vein, by which the blood is returned to the large trunks. *g.* Long and almost straight vessels (*vasa recta*), into which the efferent vessel of those tufts situated at the bases of the pyramids, divides. These straight vessels may be traced for some distance towards the apex of the cone. *h.* Veins in the same situation, which return the blood to the large venous trunk, *i.* *h.* Capillary network in the pyramids. *l.* Portion of the capillary network of the cortex, where the meshes are elongated, corresponding to the direct course which many of the uriniferous tubes take, at regular intervals, in the cortex. *m.* Network of other parts of the cortex, in which this arrangement is not observed, *n.* Malpighian bodies not injected. *o.* Convoluted portion of uriniferous tube. *p.* Tubes having a direct course towards the cones, situated at regular intervals through the cortex. At *l* would be situated another parcel, and at *q* a third. The arteries pass in the intervals between these, as represented. *q.* One of the tubes isolated. I have never been able to demonstrate the branches represented, in the human subject, but from their existence in some of the lower animals, it is probable that a similar arrangement may be found in the higher. The branches *r* must therefore be considered merely diagrammatic. *r.* Branches continuous with the convoluted portion. *s.* Wavy portion of uriniferous tube, at the commencement of the cones. *t.* Capsule of kidney. *u.* Uriniferous tube, with Malpighian tuft and capillary vessels complete. *v.* Capillary network, with fragments of uriniferous tubes, from which the epithelium has been washed out (the so-called *matrix* of the kidney).

Fig. 5. Uriniferous tube, with dilated extremity, which embraces the vessels of the Malpighian tuft. The epithelium is seen in the convoluted portion of the tube, but cannot be traced within the capsule in the human subject.

Fig. 6. Small artery, with tuft and capillary network, accurately copied from a specimen. The artery is seen to divide into three or four branches, and each of these gives off capillary loops, which divide and subdivide for some distance before they communicate with those of another division. The letters refer to the same parts as indicated in fig. 1. Every part of fig. 1, with the exception of *q*, *r*, has been copied from actual specimens, prepared from a number of kidneys. The separate drawings thus obtained have been grouped in their proper position, in order to complete the drawing. Fig. 5 is partly copied from nature. Fig. 6 is entirely traced from a preparation. The injection employed for making the specimens was the Prussian blue fluid.\*

\* "How to work with the Microscope."



[To face Page 6.]

Fig. 5.

Fig. 4.



Fig. 6.

100ths 100ths 100ths 100ths 100ths 100ths 100ths 100ths 100ths 100ths





# STRUCTURE OF THE KIDNEY.

## PLATE III.

### EPITHELIUM OF URINIFEROUS TUBE, PELVIS OF THE KIDNEY, URETER, AND URETHRA.

Fig. 7. Convoluted portion of uriniferous tube with epithelium, from the cortical portion of the kidney. *a*. Basement membrane. *b*. Epithelium. *c*. Part of tube from which the epithelium has been squeezed out, leaving only the basement membrane. *d*. Capillary vessels containing transparent injection, showing their relation to the wall of the tube. *e*. Separate cells of epithelium magnified 403 diameters.

Fig. 8. Straight portion of uriniferous tube from the base of a pyramid. *a*. Basement membrane. *b*. Epithelium. *c*. A tube from which the epithelium has been removed. *d*. One of the large straight vessels found among the tubes in the pyramids. *e*. Capillaries also present in this part of the kidney. *f*. Separate epithelial cells magnified 403 diameters.

Fig. 9. Epithelium from the pelvis of the kidney, in part tessellated (*a*) and in part columnar.

Fig. 10. Epithelium scraped from the surface of a pyramid.

Fig. 11. Epithelium from the ureter, entirely columnar.

Fig. 12. Columnar epithelium from the urethra.

The specimens from which all these drawings were copied, were taken from the organs removed from the body of a man, aged 40, who died of pneumonia, otherwise healthy.

The vessels of part of the kidney were injected with Prussian blue fluid,\* in order that the relation of the capillaries to the uriniferous tubes might be distinctly made out. The character of the epithelium lining the convoluted portion of the uriniferous tube is represented at *e* (fig. 7). Generally, the cell does not exhibit a distinct outline as is usually represented, although, on the contrary, the outline of the nucleus is often sharp and well defined. The material around the nucleus usually appears granular, and I am not satisfied as to the existence of a distinct cell-membrane. The nuclei are very large, and may easily be mistaken for the entire cell. The epithelium in the straight part of the uriniferous tube in the medullary portion of the kidney is flatter, and its outline is more distinct. In the cortex, the epithelium takes part in *secretion*, but in the medullary portion of the organ it probably corresponds to the epithelium of the *ducts* of glands generally. Many vessels in this part of the kidney pursue a very straight course, and are of large size, their diameter being equal to, or even greater than, that of the tubes, *d* (fig. 8).

\* For the composition of this fluid, see "How to work with the Microscope."

[*To follow Plate II.*]

Fig: 7.



Fig: 8.

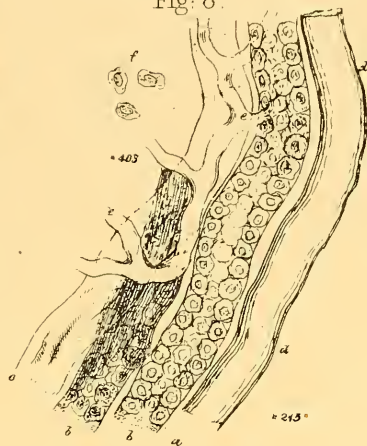


Fig: 9.



Fig: 10.



Fig: 11.



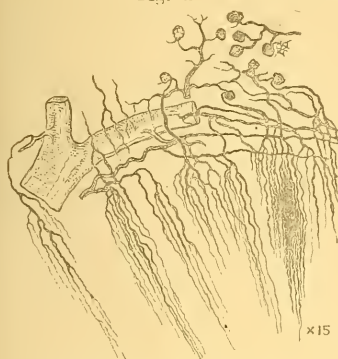
Fig: 12.



1000 ths  $\times 403$   
1000 ths  $\times 215$



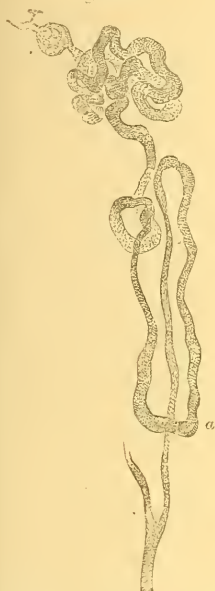
Fig. 13.



100 THS. X 15

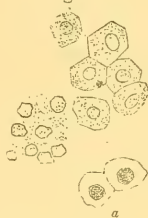
Vasa recta in the pyramidal portion, and Malpighian bodies in the cortical portion. At about the point of union between cortical and straight portions of kidney. p. 7

Fig. 15A.



Uriniferous tube bent upon itself at *a* in the pyramid of the kidney. The looped tube of Henle. p. 10.

Fig. 16.



Epithelium from a uriniferous tube. Human kidney. *a*, treated with acetic acid. p. 13. X 215.

Fig. 17.



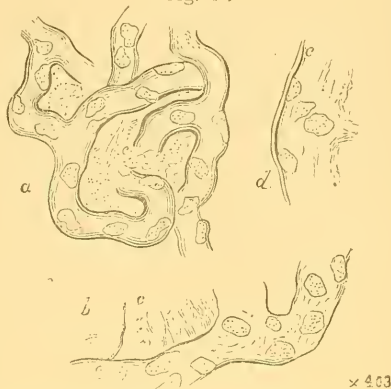
Epithelium from the pelvis of the healthy human kidney. p. 14. X 215.

Fig. 17A.



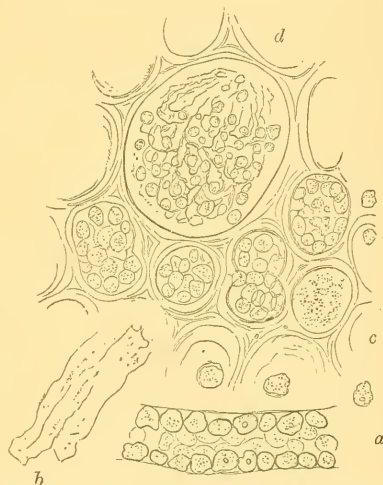
Young and growing Malpighian body of a child, age 2½ years. The muscular fibre cells are seen on the small artery quite close to the Malpighian body. X 215.

Fig. 14.



Capillary vessels from Malpighian tuft of human kidney, showing the nuclei connected with their walls. *a* a few coils separated from the rest of the tuft. *b*, part of a loop somewhat compressed, showing the nuclei a little flattened. *c*, tissue which connects the coils with each other, by which the globular form of the tuft is preserved even when it is removed. *d*, a small portion of a capillary compressed as much as possible showing thickness of capillary wall at the point of reduplication. p. 8.

Fig. 15.



Thin section of healthy human kidney, slightly washed in water. *a*, convoluted portion of uriniferous tube. *b*, portion of a tube stripped of its epithelium. *c*, outline of tube and crumpled capillaries, having a fibrous appearance—the so-called matrix. *d*, very small Malpighian body: loops of vessels shrunk, showing cells in their walls. X 215. pp. 18, 20.

Fig. 18.



Epithelium from the ureter. p. 14. X 215.





Fig. 13.



A part of the convoluted portion of a uriniferous tube from a human kidney, showing capillary vessels and nerves, and the thickened basement membrane continuous in structure with the connective tissue.

X 210. pp 16-17.

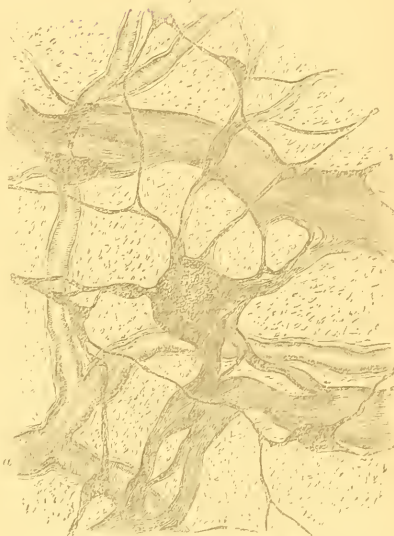
Fig. 14.



Bowman's body and tube of the human kidney.

X 100. pp 18-19.

Fig. 15.

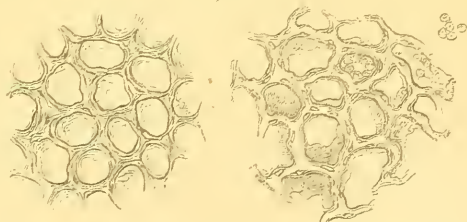


Portion of kidney. Fig. 15. a, a small artery. X 200. p. 19.

a

Fig. 16.

b



a section of cortical portion of healthy kidney (human). Washed in water and examined in the same medium. The capillaries were not injected, and having collapsed and shrunken exhibit the fibrous appearance which is considered to depend on the matrix. b, section of another part, in which the vessels were injected. The nuclei on their coats are seen but no "fibrous matrix." X 100. p. 20.

X 100. p. 19.

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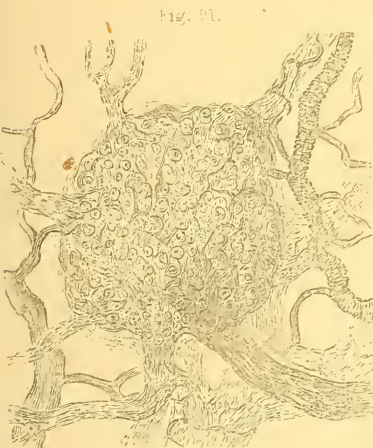


Fig. 17.

Section from the pelvis of the kidney of a boy 3 years of age, showing small arteries and capillaries, nerve cells and bundles of nerve fibres. X 200. p. 20.

Fig. 18.



Delicate nerve fibres entering into the formation of the bundles connected with the ganglia of the kidney, showing their arrangement and their nuclei.

X 100. p. 19.





## STRUCTURE OF THE KIDNEY.

### PLATE VI.

Fig. 24. Section of the cortical portion of a human kidney, the vessels of which have been injected with the Prussian blue solution. *a*. Membrane of the tubes. The *a* to the right of the figure shows the position of a Malpighian body: *b* a portion of a capillary loop of a Malpighian body: *c* venous capillaries lying between the uriniferous tubes. In many places the double shaded line indicates the basement membrane of the tubes: *d* position of the uriniferous tubes.

Fig. 25. Transverse section at the base of a pyramid.

Fig. 26. A similar section a short distance lower down, showing sections of the uriniferous tubes. The small tubes join the larger ones at a point lower than that at which the section is made.

Fig. 27. Section nearer the apex of the pyramid.

Fig. 28. Apex of a pyramid showing the manner in which the uriniferous tubes open into the pelvis of the kidney.

[*To follow Plate V.*]

Fig. 24.

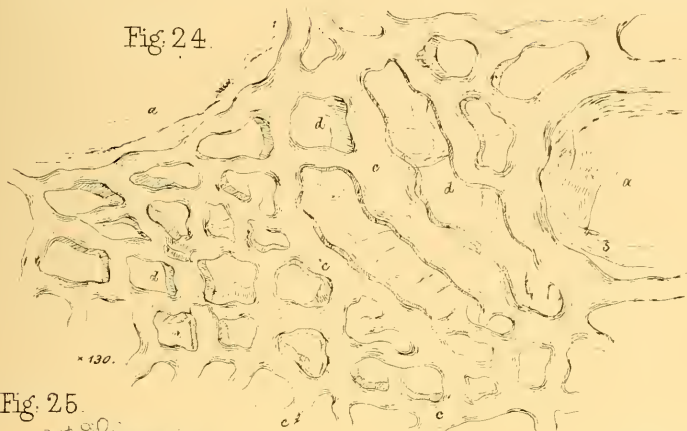


Fig. 25.



Fig. 26.

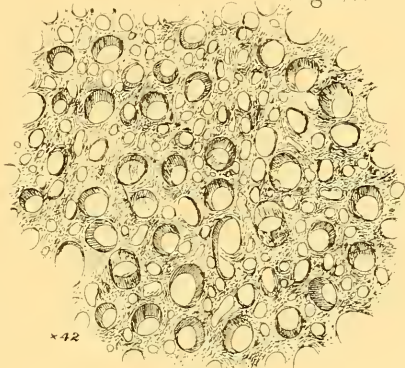


Fig. 27.



Fig. 28.

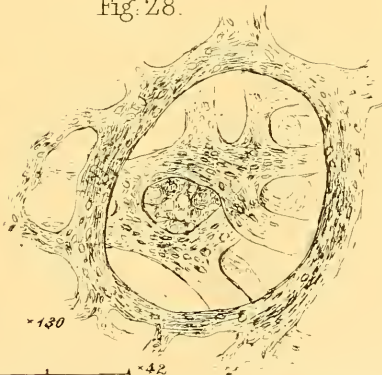


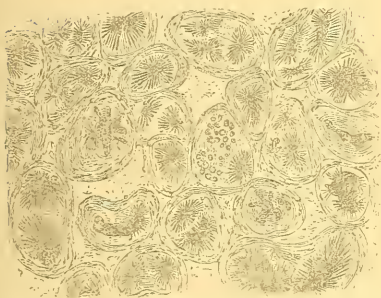


Fig. 29.



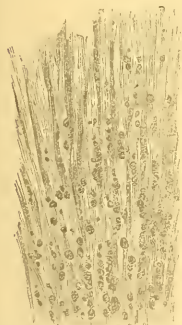
Uriferous tubes, some of which are choked with a deposit consisting of albuminous matter and blood.  $\times 29$ . p. 12.

Fig. 30.



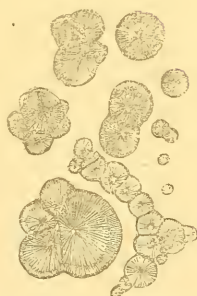
Transverse section of the tubes of the kidney of a snake, occupied by large crystals of uric acid.  $\times 29$ . p. 12.

Fig. 31.



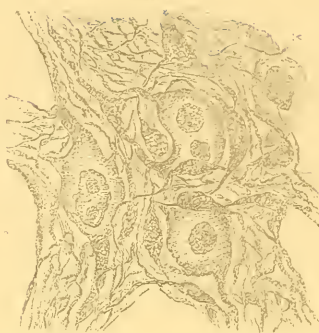
Crystals of leucine in the substance of kidney. Human subject.  $\times 29$ . p. 12.

Fig. 32.



Crystals of leucine more highly magnified. From the same specimen.  $\times 185$ . p. 12.

Fig. 33.



A small portion of the small ganglion represented in Fig. 21, Plate V., but magnified 500 diameters, showing ganglion cells and their connexion with the nerve fibres. p. 16.

Fig. 34.



Tubes of human kidney. With earthy phosphates precipitated amongst the cells.  $\times 215$ . p. 12.

Fig. 35.

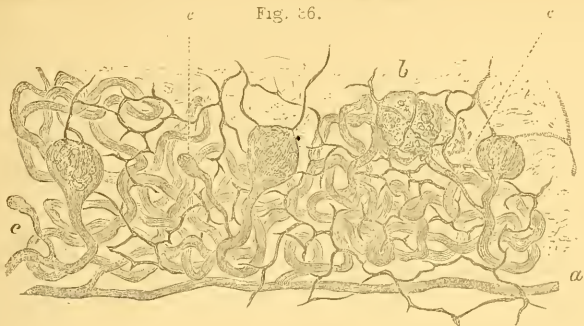


a, portion of uriniferous tube; b, capillary vessel; and c, nerve fibres. Kidney, child, age 3.  $\times 700$ . p. 21.





Fig. 36.



Part of the thin portion of the kidney. Female newt. *a*, portion of straight tube continuous with ureter. *b*, collection of fatty matter, perhaps a wasted Malpighian body. *c*, remarkable diverticula connected with tubes just below the Malpighian body. The capillaries are also represented.

X 40. p. 28.

Fig. 37.



Malpighian body and portion of uriniferous tube, with remarkable diverticulum. Female newt. At *a*, a bud projects from the diverticular tube as if a branch were growing from it. X 130. pp. 28, 29.

Fig. 39.



Distribution of nerves and ganglia over thin part of the kidney of male newt. *a* was deferens; the uriniferous tubes opening into it. *b*, artery. *c*, vein. The numerous ganglia and nerve fibres are seen ramifying over the vessels and tubes. X 16.

Fig. 33.



Tube, *a*, containing spermatozoa, from which some Malpighian bodies and uriniferous tubes of the male newt are developed. An old ganglion which has undergone degeneration, and new ganglion cells, are also seen at *b*. X 40. p. 29.

Fig. 40.



Diverticulum from tube. Kidney, male newt. p. 56.

Fig. 41.



Tube containing spermatozoa, showing connection with uriniferous tubes and Malpighian bodies. One of the latter is double. Male newt. X 30.

[To face page 100.]

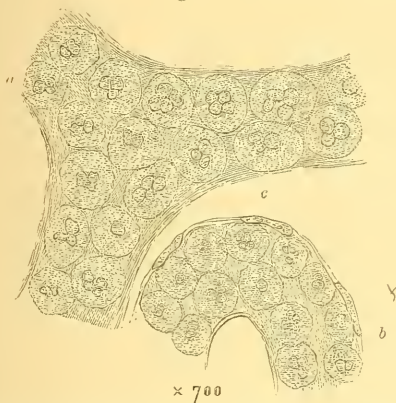


Fig. 41.



Fig. 41. Kidney of female dove; part of which has undergone degeneration and wasting. The healthy portion of the tube is seen to the right of the figure. Nerve fibres are also seen in some places.  $\times 215$ . p. 32.

Fig. 42.



a, portion of a capillary vessel of the kidney, distended with altered white blood corpuscles. b, round flattened cells, from inner surface of capsule of the Malpighian body. c, nucleus of capillary wall. Acute suppurative nephritis. p. 48.

Fig. 43.



Casts containing cells like pus and blood corpuscles. Acute suppurative nephritis. Three days before death. p. 49.

Fig. 44.



Portion of a cast magnified 700 diameters, with cells in the central part resembling white blood corpuscles or pus corpuscles, which have probably multiplied while they were entangled in the coagulable material of the cast. p. 49.

Fig. 45.



Small casts formed in the convoluted portion of the uriniferous tubes, which have become embedded in transparent material during their passage down the straight portion.  $\times 50$ . p. 49.

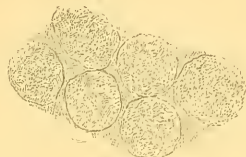




Fig. 45.



Fig. 49.



A portion of one of the capillary loops of a Malpighian body, distended with modified white blood corpuscles.  $\times 700$ .

Fig. 47.



X

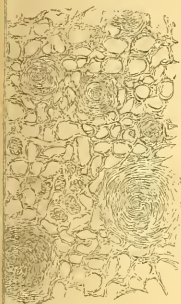
Bodies found between the capillaries of the Malpighian body and the walls of the capsule. Case of acute suppurative nephritis.  $\times 700$ .

Fig. 50.



Separate cells found in the urine. Case of acute suppurative nephritis.  $\times 700$ .

Fig. 51.



Malpighian bodies, showing various degrees of wasting.  $\times 40$  p. 50.

Fig. 52.



Tubes of the kidney degenerated and wasted.  $\times 215$  p. 54.

Fig. 53.



Multiplication of masses of germinal matter about tubules prior to wasting.  $\times 215$  p. 53.

Fig. 53\*.



Sub-bell crystals of oxalate of lime, impacted in the tubes of a kidney, forming minute calculi.  $\times 215$  p. 12.

Fig. 55.

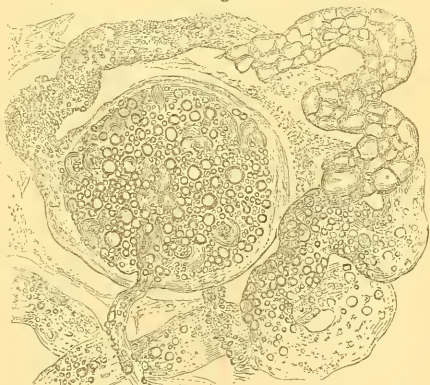


Fig. 54.



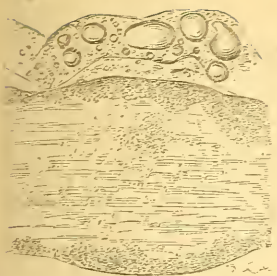
Portion of a tube from the cortex of the kidney of a healthy pig, containing much oil.  $\times 215$  p. 58.

Malpighian body and portions of uriniferous tubules, with capillary vessels containing much oil. From a kidney of a diabetic.  $\times 215$  p. 60.

[To follow PLATE IX.]

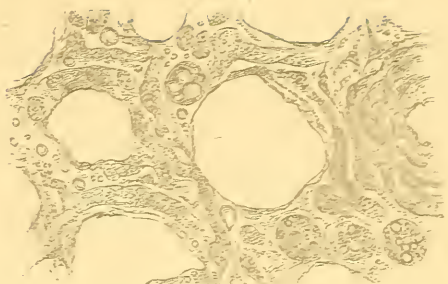


Fig. 56.



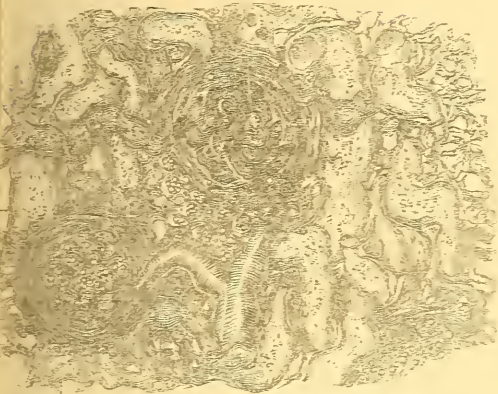
Walled tube with oil globules in the interior. A part contains a transparent waxy part with granular matter, resembling worn altered epithelium. Faty and contracting kidney.  $\times 115$  p. 54.

Fig. 57.



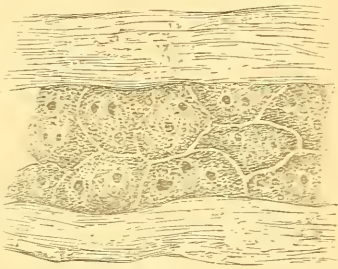
A thin section of the cortex of a fatty and contracting kidney showing the remains of tubes and masses of what is generally considered as the matrix. a The remains of a tube appearing as a continuous tissue composed. b Some irregularly shaped masses.  $\times 115$  p. 54.

Fig. 58.



Section of corner of fatty and contracting kidney.  $\times 115$  p. 54.

Fig. 59.



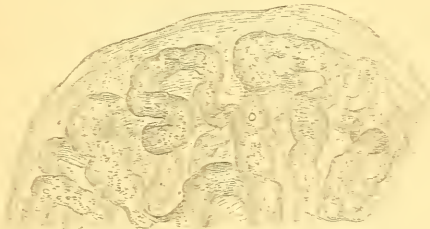
Portion of tube much altered. Walls are very much thickened.  $\times 115$  Faty and contracting kidney. p. 54.

Fig. 61.



Capillaries Malpighian body. Faty and contracting kidney. Bacteria are seen in the interior of the vessel, the walls of which are very much thickened.  $\times 100$ .

Fig. 62.



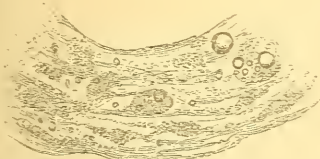
Loops of vessels of the Malpighian body. Stretched with granular matter and containing oil globules.  $\times 115$  p. 54.

Fig. 63.



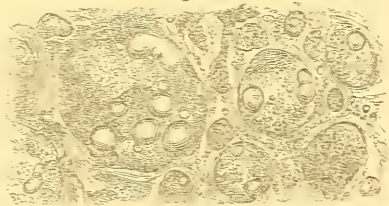
Portion of altered tube, with a bud growing from it. Faty and contracting kidney.  $\times 115$  p. 54.

Fig. 64.



Portion of very transparent matrix, showing the remains of numerous tubes. Faty and contracting kidney.  $\times 100$  p. 54.

Fig. 65.

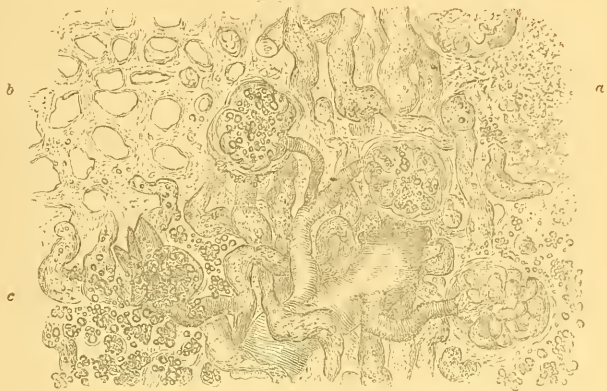


Section of unbranched tubes in various stages of wasting and degeneration. Faty and contracting kidney. In some of the tubes there is much oil.  $\times 115$ .



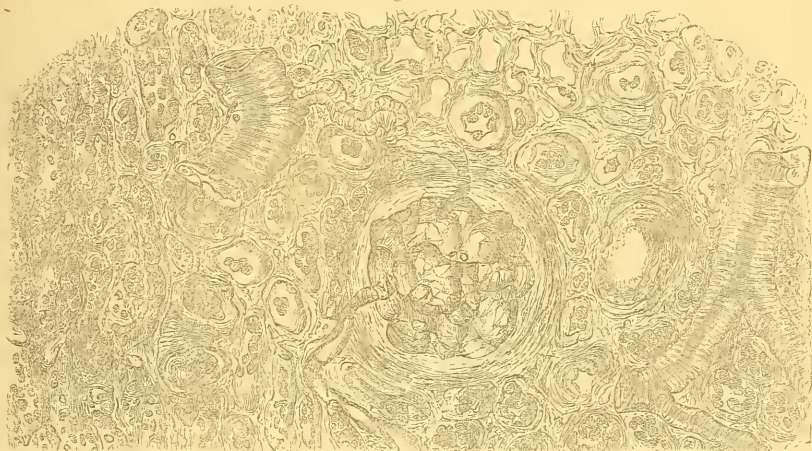


Fig. 64.



Section of cortex of a kidney undergoing contraction and fatty degeneration. At *a* the process of wasting is complete. At *b* a portion of the matrix, showing varying size of the tubes. Under the low magnifying power of 40 the wasted tubes and vessels cannot be seen in the specimen. See Figs. 57, 62, Plate XI. At *c* much fatty matter, with crystals, probably of cholesterine. p. 64.

Fig. 65.



Section of an amyloid kidney, showing altered tubes with increased number of altered epithelial cells. A Malpighian body, with amyloid matter deposited in capillary walls, is seen in the centre, and portions of thickened arteries in different parts of the specimen. p. 71.  $\times 130$ .

Fig. 66.



Capillary vessels, with nerves of capillaries. Skin of Frog.  $\times 215$ .

Fig. 67.



Small capillary, with nerve fibres. *a* Healthy human kidney.  $\times 500$ .

Fig. 69.



Altered Malpighian body. Fatty and contracted kidney. Capillaries obstructed. Tube of artery, containing altered blood and angular particles of blood colouring matter.  $\times 40$ .

Fig. 68.



Wasting capillaries from a fatty and contracting kidney. Circulation through these vessels must have ceased some time before the patient's death.  $\times 215$ .



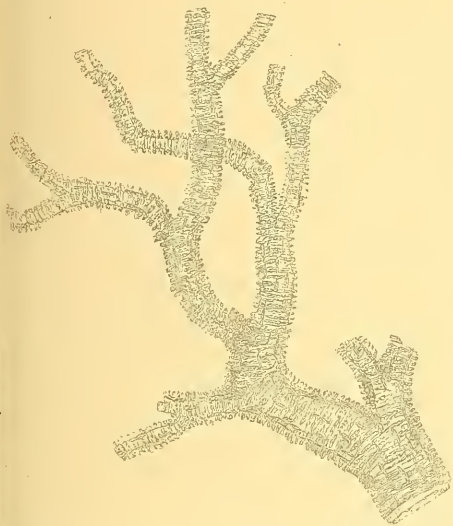


Fig. 70.



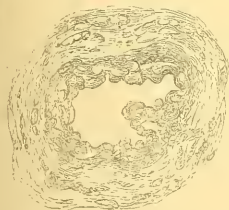
Arteries from a fatty and contracting kidney, showing complete degeneration of muscular fibre cells and the deposition of glistening albuminous material. The walls of the artery have probably long lost all contractile power, and are converted into rigid inelastic tubes, the inner surface of which is uneven, with great irregularity in calibre.  $\times 215$ . p. 72

Fig. 71.



A healthy artery from the kidney of a child, 3 years old, showing muscular fibre cells and longitudinal nuclei of muscular and elastic fibres within.  $\times 215$ .

Fig. 73.



A transverse section of a small artery from the same kidney as Fig. 71.  $\times 215$ . p. 72.

Fig. 72.



Artery from the peritoneum of a dog which had been kept for some time without food, showing wasting of muscular fibre cells and great diminution in calibre. In its present wasted and contracted state the external areolar coat is many times the diameter of the vessel.  $\times 215$ . p. 73

Fig. 74.



Artery from the same kidney as Figs. 70 and 73, showing great irregularity of calibre and degenerated muscular coat. Oil globules and debris are seen in the interior.  $\times 215$ . p. 72.

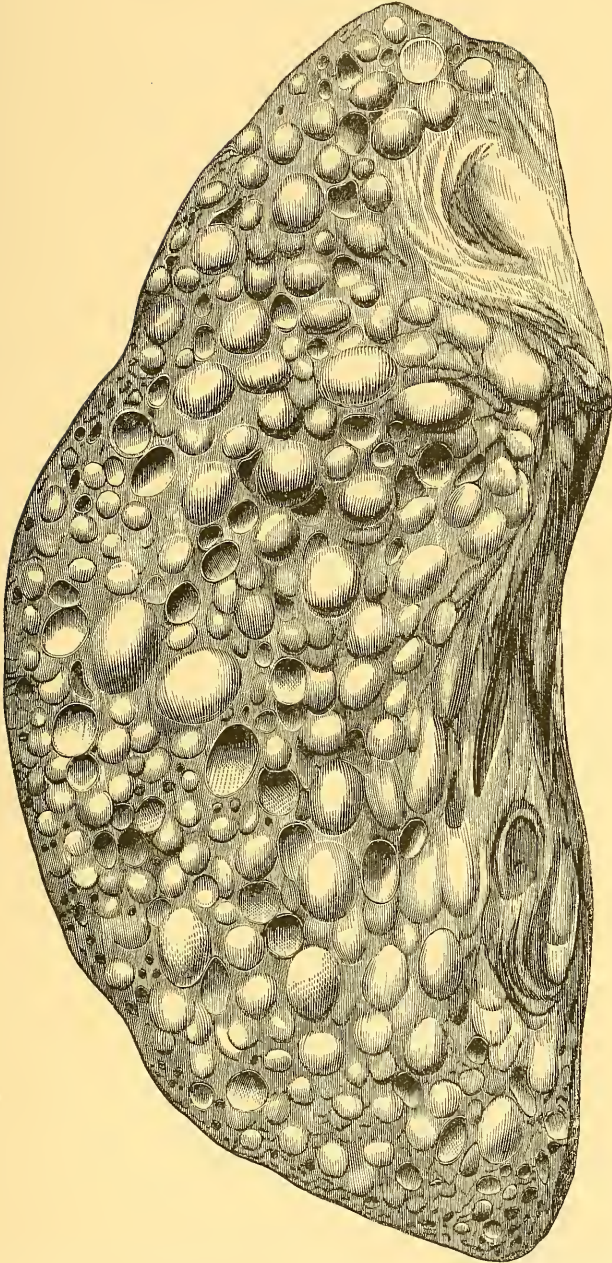
$\frac{1}{1000}$  of an inch [ ]  $\times 215$ .

[To face page 74.]



## DISEASES OF THE KIDNEY.

Fig. 75.

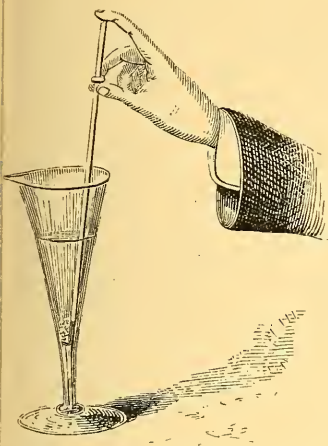


Full-size representation of section of the right kidney, showing the enormous development of cysts throughout its substance. The presence of these growths is evidently due to intra-uterine disease of the foetus. From a drawing by Dr. J. Jardine Murray. p 78



Fig. 1.

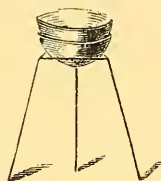
Fig. 2.



Test tubes, rack, and drainer. p. 92.

Fig. 3.

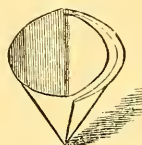
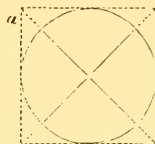
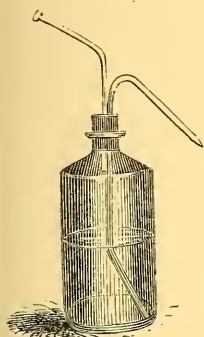
Fig. 4.



Wire triangles for supporting platinum capsules or foil while the organic matter is being burned off. p. 92

Fig. 5.

Fig. 6.



Represents the mode of folding the paper used for filtering purposes. p. 93.

Fig. 7.



Pipettes. p. 93.

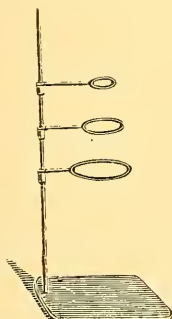
Wash bottle for washing precipitates. &c. p. 93.

Fig. 7\*.

Fig. 8.

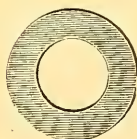
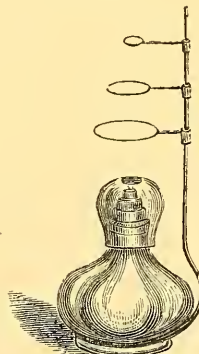
Fig. 9.

Fig. 11.



Simple form of water bath.

Fig. 10.



Ring used as an adapter for fitting various sized basins to the simple water bath. p. 93.

Spirit lamp p. 93.

Small retort stand. p. 93.

Pipette forming stopper. p. 93.





CHEMICAL AND MICROSCOPICAL APPARATUS.

Fig. 13.

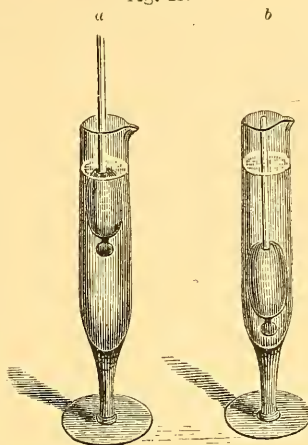
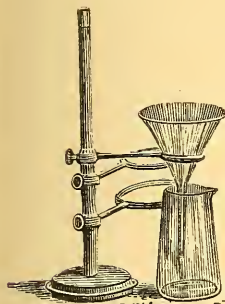


Fig. 16.



Bottle, with capillary orifice. p. 97.

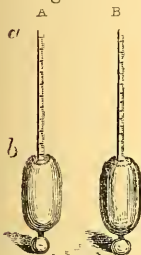
Fig. 12.



Retort stand, funnel, and beaker, arranged for filtering. p. 94.

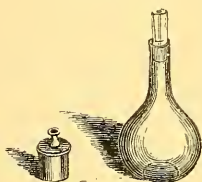
Glasses of convenient form, both for obtaining the specific gravity of fluids and also for collecting the deposits from fluids. p. 92.

Fig. 14.



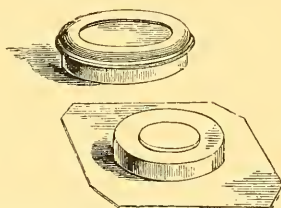
Urinometers for ascertaining the specific gravity of fluids. p. 93.

Fig. 15.



Bottle for finding the specific gravity of fluids by weight. p. 93.

Fig. 17.



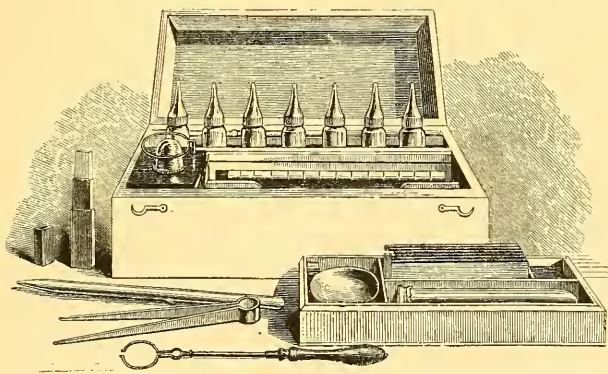
Animalcule cage, also used for examining urinary deposits, &c. under the microscope. p. 97.

Fig. 18.



Simple glass cell for examining of urinary deposits. p. 97.

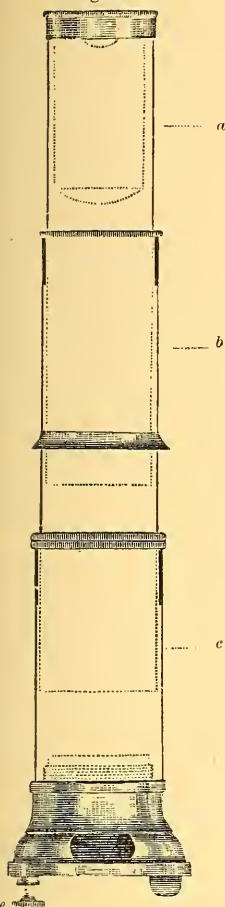
Fig. 19.



Box containing bottles with capillary orifices, spirit lamp, urinometer and glass, and other appliances and apparatus necessary for minute testing. p. 97.

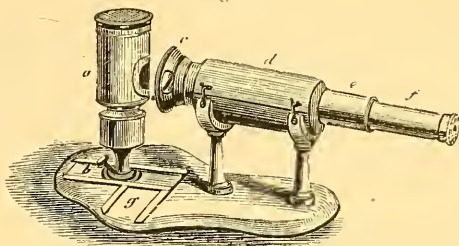


Fig. 20.



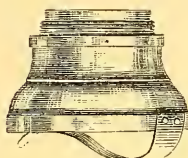
Pocket or clinical microscope, half the real size. *a*, tube with eye piece. *b*, tube carrying object glass. *c*, tube in which the last slides with stage. *e*, clamp for fixing preparation. p. 95.

Fig. 21.



Clinical microscope with stand, and lamp, as arranged for class purposes. p. 95.

Fig. 22.



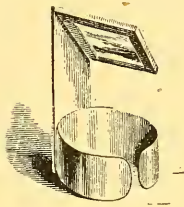
The stage, side view of the clinical microscope, showing position of the spring. p. 95.

Fig. 23.



Sectional view of cell for examining urinary deposits. p. 97.

Fig. 24.



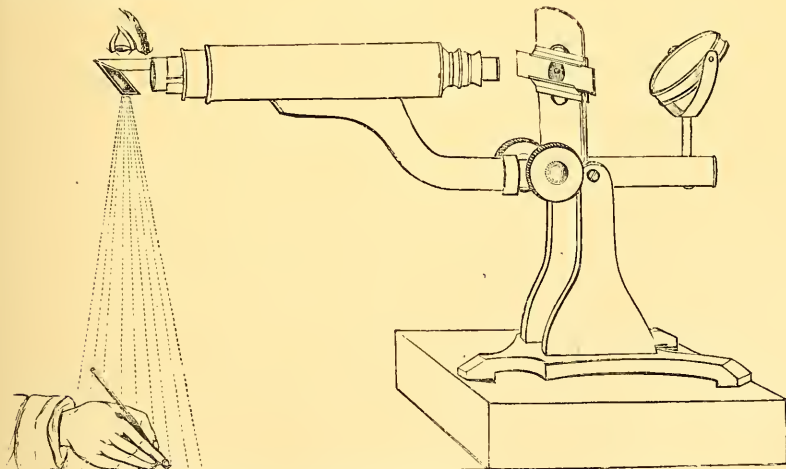
Neutral tint glass reflector. p. 97.

Fig. 25.



Scale divided into 1000ths of an inch and magnified 215 diameters. For measuring the size of objects in the microscope. p. 97.  $\times 215$ .

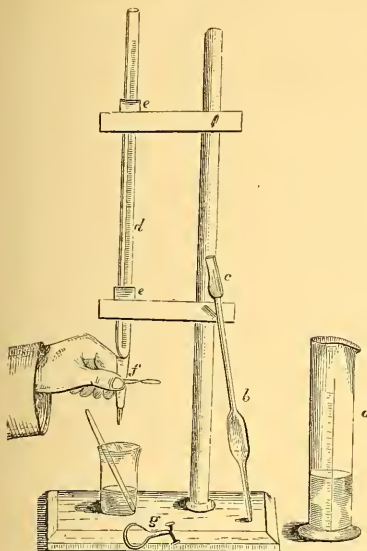
Fig. 26.



Manner of drawing objects from the microscope with the aid of the neutral-tint glass reflector. p. 97.



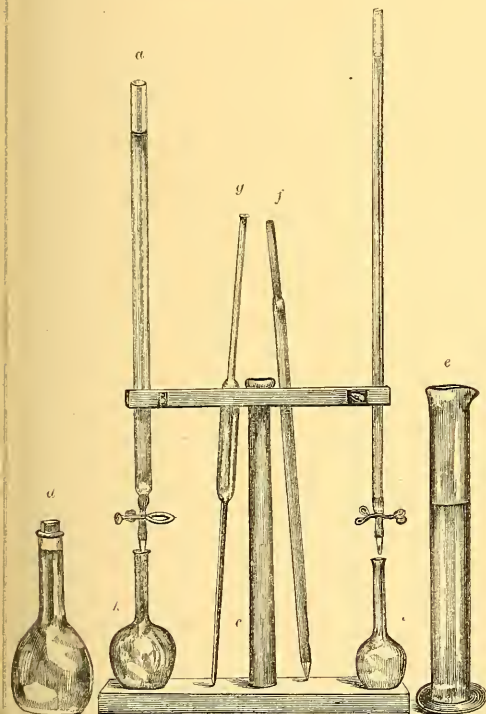
Fig. 27.



urette, holding 50 cubic centimetres, and graduated to half c. c., mounted in its stand and arranged as in making analyses. *a*, glass jar capable of holding 500 c. c. *b*, pipette, graduated to hold 20 c. c. *c*, india-rubber tube by which the contents of the pipette are caused to flow as required. *d* is the burette. *e*, small pieces of india-rubber for fixing the burette in its place. *f*, india-rubber tube connecting the extremity of the burette with the spout, and capable of being compressed by the spring, the form of which is represented at *g*. p. 102.

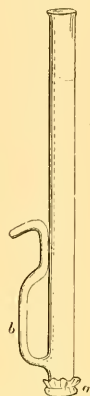
Fig. 29.

*b*



double burette stand fitted with burettes graduated to dcm. *a*, 100-dcm. burette. *b*, 30-dcm. burette. *c*, double burette stand. *d*, a 1000-dcm. flask stoppered. *e*, a 1000-dcm. cylinder *f*, a 50-dcm. whole pipette. *g*, a 50-dcm. graduated pipette. *h*, a 500-dcm. flask *i*, a 200-dcm. flask. According to Mr. Sutton's directions. p. 104.

Fig. 28.



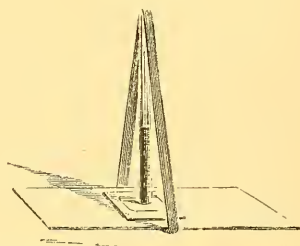
Filter useful in volumetric analyses for obtaining a small quantity of clear solution in order to see if all the substance is precipitated. Filtering paper is tied round the lower extremity, *a*, *b* is the spout through which the clear filtrate is poured. p. 102.

Figs. 30, 31.



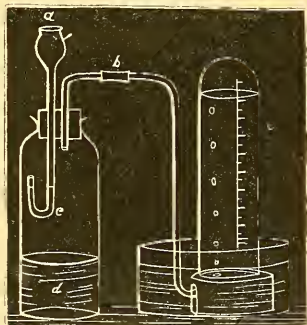
Pipettes of different forms, graduated. p. 102.

Fig. 32.



Arrangement for collecting the deposit from a very small quantity of fluid. p. 284.

Fig. 33.



Apparatus as arranged by Dr. Handfield Jones for estimating the proportion of urea in urine. p. 114.





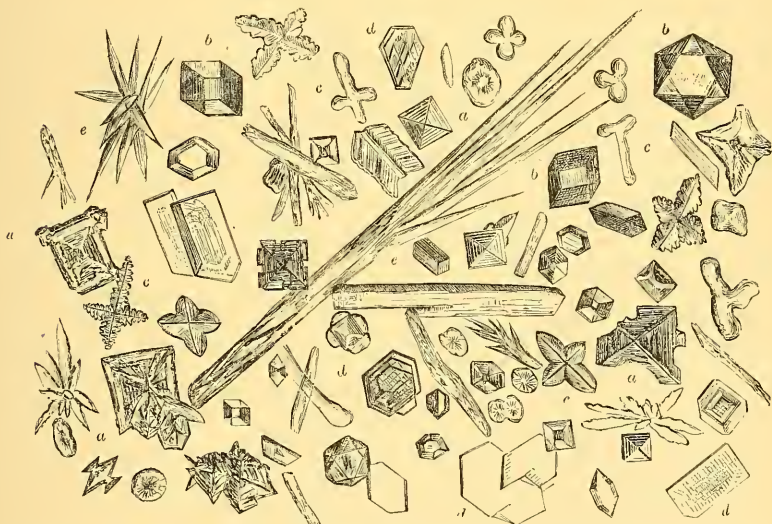
## ILLUSTRATIONS OF URINE.

Fig. 1.



Crystalline residue of healthy urine, obtained by concentrating the liquid over a water bath. *a*, spherical masses consisting of aggregations of crystals of urate of soda. Many of these are seen deposited upon a film consisting of phosphate of lime and ammoniaco-magnesian phosphate. *b*, cubical crystals of chloride of sodium. *c*, octahedral crystals of chloride of sodium, which crystallizes in this form in the presence of urea. *d*, large crystals of common phosphate of soda. *e*, sulphates. *f*, urates.  $\times 40$ . p. 131.

Fig. 2.



Crystals of inorganic salts of healthy urine, obtained by incinerating the dry residue, decarbonizing it, and extracting it with water. The solution being concentrated to the proper degree, readily crystallizes. *a*, crystals of common salt, obtained by evaporating the solution nearly to dryness. *b*, crystals of common salt formed in a concentrated solution. *c*, crosslets of common salt obtained by evaporating the solution very rapidly to dryness. *d*, crystals of phosphate of soda. *e*, crystals of sulphates. p. 156.  $\times 130$ .



ILLUSTRATIONS OF URINE.

Fig. 3.



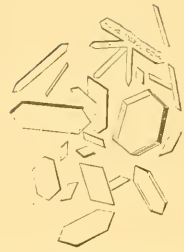
Chloride of ammonium.  
x 215. p. 130.

Fig. 4.



Crystals of uric acid. x 215. p. 139.

Fig. 5.



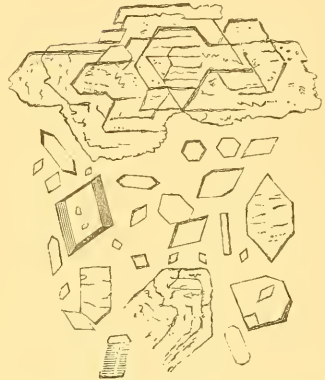
Oxalate of urea, obtained by adding  
oxalic acid to concentrated urine.  
x 215. p. 132.

Fig. 6.



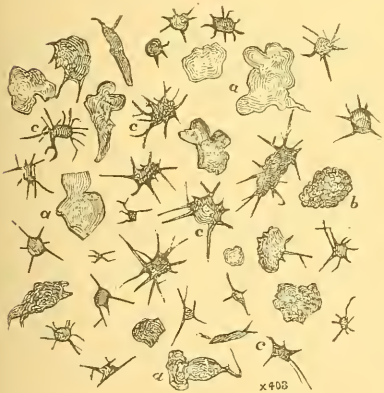
Crystals of indigo. *a* and *b*, obtained by sublimation.  
*c*, small crystals in fluid. p. 148.

Fig. 7.



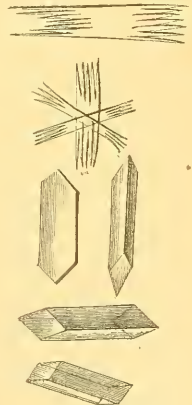
Nitrate of urea. *a*, crystals obtained from urine.  
*b*, crystals of pure nitrate of urea. x 215. p. 132.

Fig. 8.



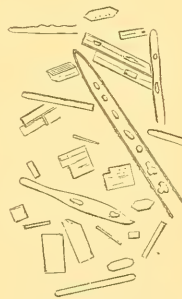
Crystals of uroglaucon from the urine. *a*, small masses  
of a blue colour. *b*, composed of small spherical particles.  
*c*, crystals of uroglaucon of a deep purple or violet colour  
x 403. p. 148.

Fig. 10.



Crystals of hippuric acid  
Robin and Verdel.  
p. 142.

Fig. 9.



Urea obtained from urine.  
x 215. p. 132.



## ILLUSTRATIONS OF URINE.

### PLATE II.

Urea,  $C_2H_4N_2O_2$ .

Fig. 1. Urea obtained from urine crystallized in its own mother liquor.

Fig. 2. The same examined in the dry way.

Fig. 3. Small crystals of urea formed in a concentrated solution of natural urea.

Fig. 4. Similar crystals of larger size.

Fig. 5. Artificial urea crystallized. Examined in the dry way.

### UREA.

Pure urea may be easily obtained by the decomposition of the nitrate or oxalate of urea. The crystals represented in fig. 1 were made by decomposing pure oxalate of urea with common chalk. An oxalate of lime is formed, which is separated by filtration, and the urea remains in solution. From the nitrate, urea may be obtained by adding carbonate of baryta — nitrate of baryta and urea result; the latter may be separated by evaporation to dryness, and extraction with alcohol, which dissolves the urea and leaves the nitrate of baryta.

For the mode of preparing the nitrate and oxalate of urea, see page 132. Pure urea may also be obtained artificially by evaporating cyanate of ammonia to dryness.





# URINE-II

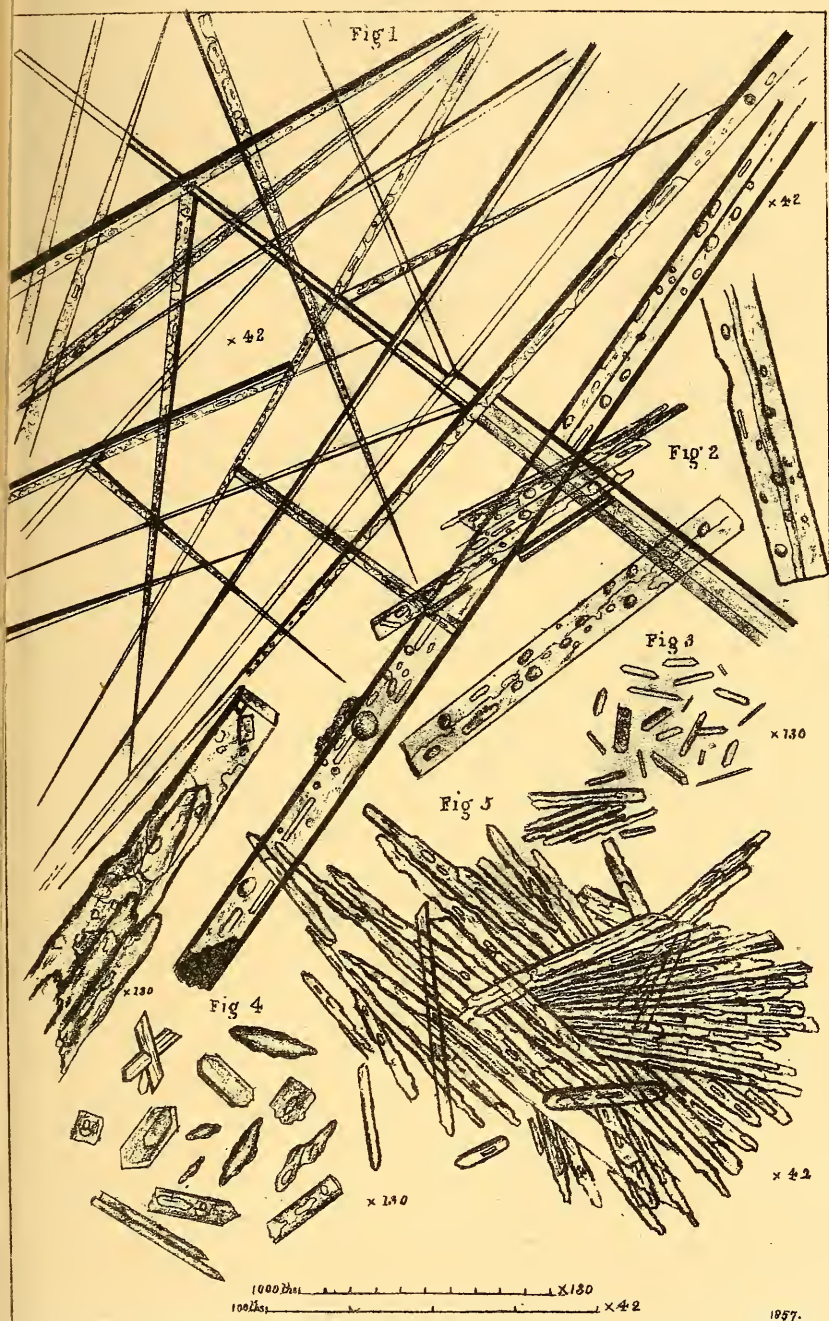
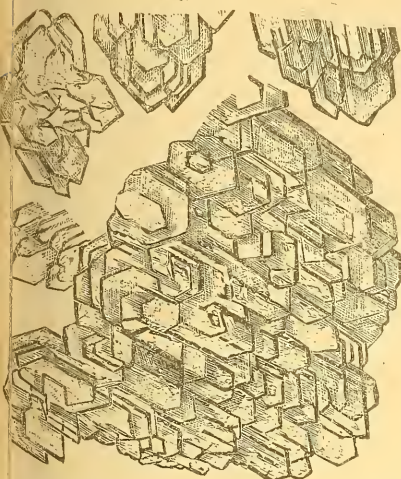


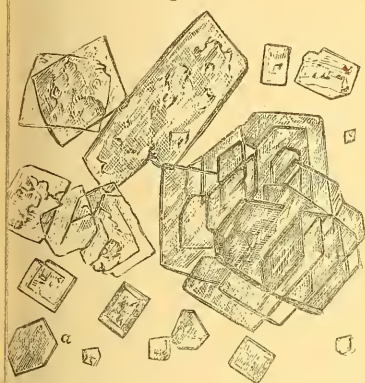


Fig. 1.



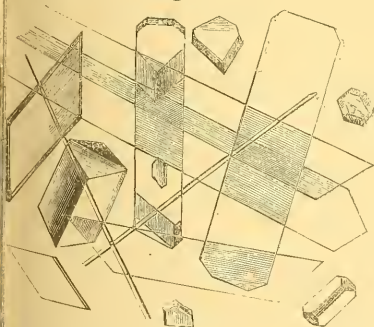
Crystals of nitrate of urea ( $C_2H_4N_2O_2$ ,  $HO, NO_3$ ) formed by adding excess of nitric acid to concentrated urine.  $\times 130$ . p 132.

Fig. 3.



Crystals of urea, obtained by adding a moderate quantity of nitric acid to slightly concentrated urine in a test tube, and allowing it to crystallize slowly.  $\times 130$ .

Fig. 6.



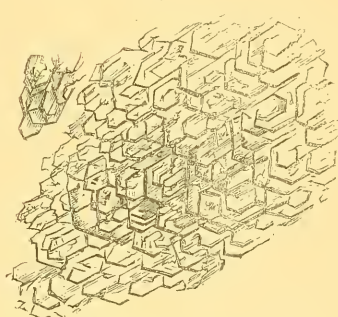
Crystals of pure nitrate of urea, obtained by dissolving some of the nitrate in water and evaporating, so that crystals may form.  $\times 130$ .

Fig. 2.



Nitrate of urea formed by adding a quantity of nitric acid not sufficient to combine with the whole of the urea present.  $\times 130$ . p 132.

Fig. 4.



Nitrate of urea obtained by adding a marked excess of nitric acid.  $\times 130$ .

Fig. 5.



Nitrate of urea formed by adding only two drops of nitric acid to highly concentrated urine.  $\times 130$ .



## ILLUSTRATIONS OF URINE.

### PLATE IV.

Oxalate of Urea,  $\text{C}_2\text{H}_4\text{N}_2\text{O}_3$ ,  $\text{HO}$ ,  $\text{C}_2\text{O}_3$ .

Fig. 1. Crystals of oxalate of urea, obtained by re-crystallizing nearly pure oxalate of urea from an aqueous solution. *a*. Dendritic masses, in which the form of the crystal is not very distinct. *b*. Masses of well formed crystals. *c*. Perfect crystals of oxalate of urea.

Fig. 2. Crystals of oxalate of urea obtained by evaporating healthy urine to dryness, and extracting the residue with alcohol; the alcoholic solution was then evaporated to dryness, and water added until the residue had a syrupy consistence; to this oxalic acid crystals were added in sufficient quantity to form an oxalate with the urea present. *d*. Represents the general character of the crystals of oxalate usually formed in this manner. *e*. More perfect crystals.

[To face Page 136.]



# URINE - IV.

Fig 1



Fig 2

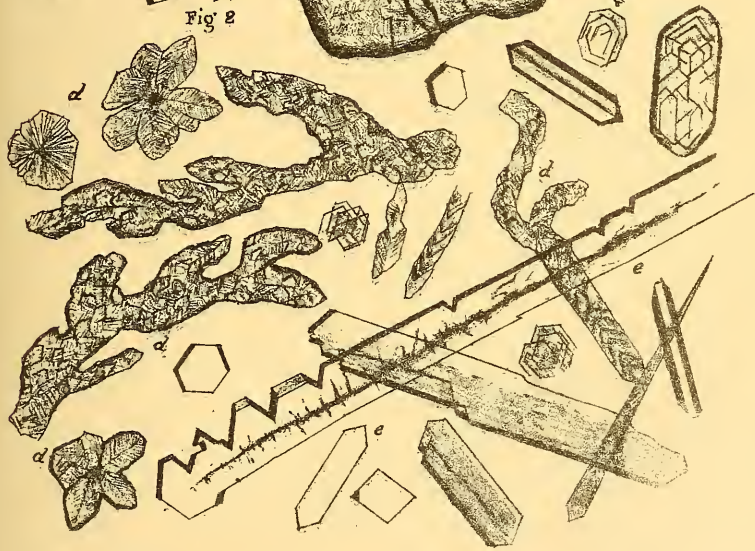
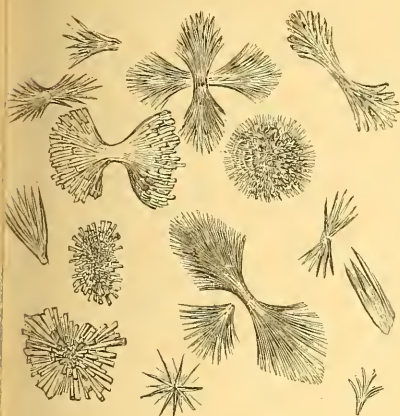


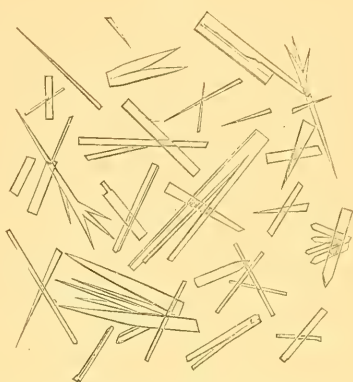


Fig. 1.



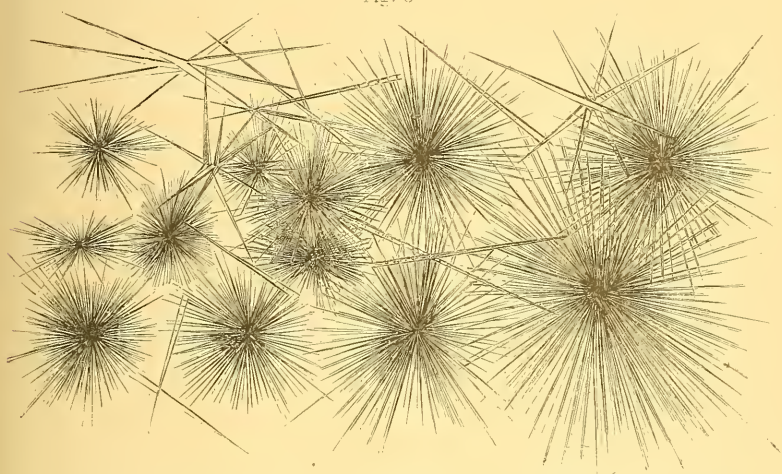
Urate of magnesia.  $MgO, C_{10}H_8N_4O_6 + 6aq$  Crystallized in tufts.  $\times 130$

Fig. 2.



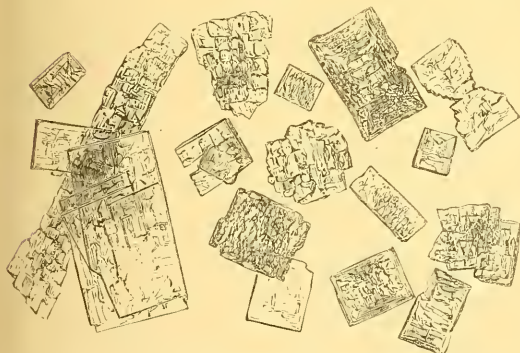
Urate of magnesia, showing the separate forms of the crystals.  $\times 215$ .

Fig. 3.



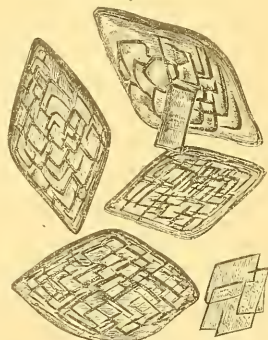
Urate of lime.  $CaO, C_{10}H_8N_4O_6 + 2aq$ . Crystallized in tufts composed of long acicular crystals.  $\times 130$ .  $\times 215$ .

Fig. 4.



Uric acid.  $C_{10}H_4N_4O_6$  Precipitated by adding hydrochloric acid to urate of potash.  $\times 130$ .

Fig. 5.



Uric acid deposited from urine  $\times 130$ .

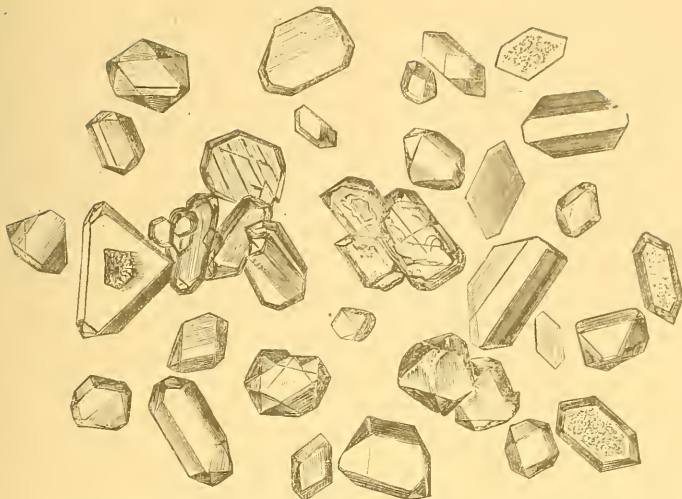
$\frac{1}{1000}$  of an inch  $\boxed{\quad} \times 130$ .

" "  $\boxed{\quad} \times 215$ .



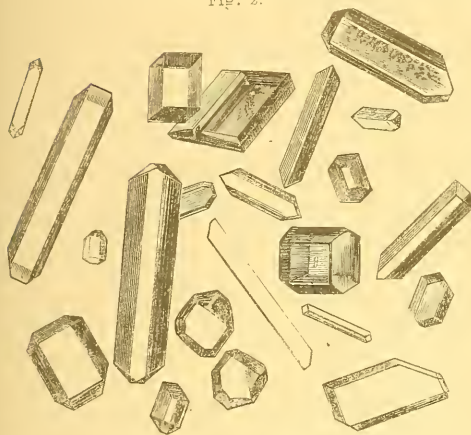


Fig. 1.



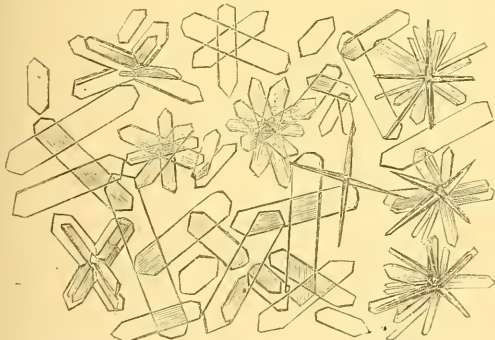
Alloxan.  $C_8H_2N_2O_8$ . Crystallized from an aqueous solution obtained from uric acid.  $\times 42$ .

Fig. 2.



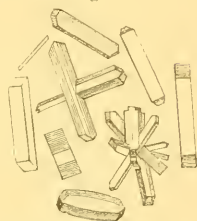
Hloxantin.  $C_{10}H_4N_4O_{14} + 6 \text{ aq.}$  Prepared from uric acid.  $\times 130$ .

Fig. 3.



Parabanic acid.  $C_6H_2N_2O_6$ . Obtained from uric acid.  $\times 130$ .

Fig. 4.



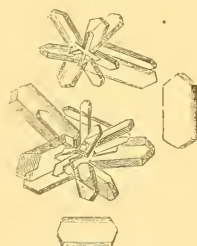
Crystals of creatine. p. 138.

Fig. 5.



Crystals of inosite. p. 280.

Fig. 6.



Lactate of copper. p. 153.





Fig. 1.



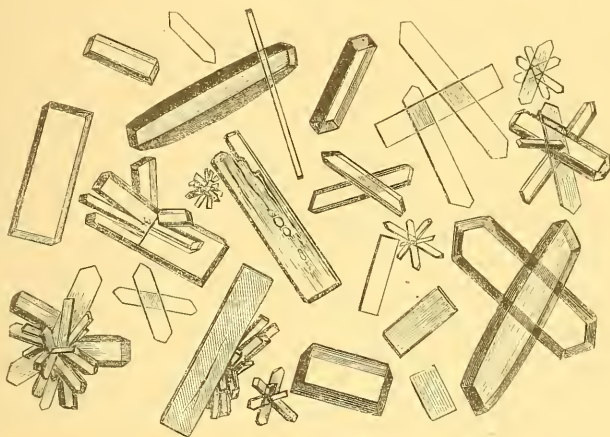
Compound of chloride of zinc and creatinine, as it is obtained from urine. ( $C_8H_7N_3O_2$ ,  $Zn\ Cl_2$ )  $\times 29$

Fig. 2.



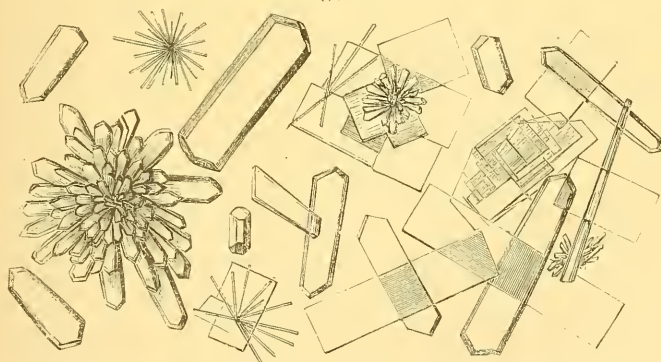
Compound of chloride of zinc and creatinine after re-crystallization in water.  $\times 215$ . p. 137.

Fig. 3.




Crystals of creatine obtained from the chloride of zinc compound. Crystallized from an aqueous solution.  $\times 130$ . p. 138.

Fig. 4.

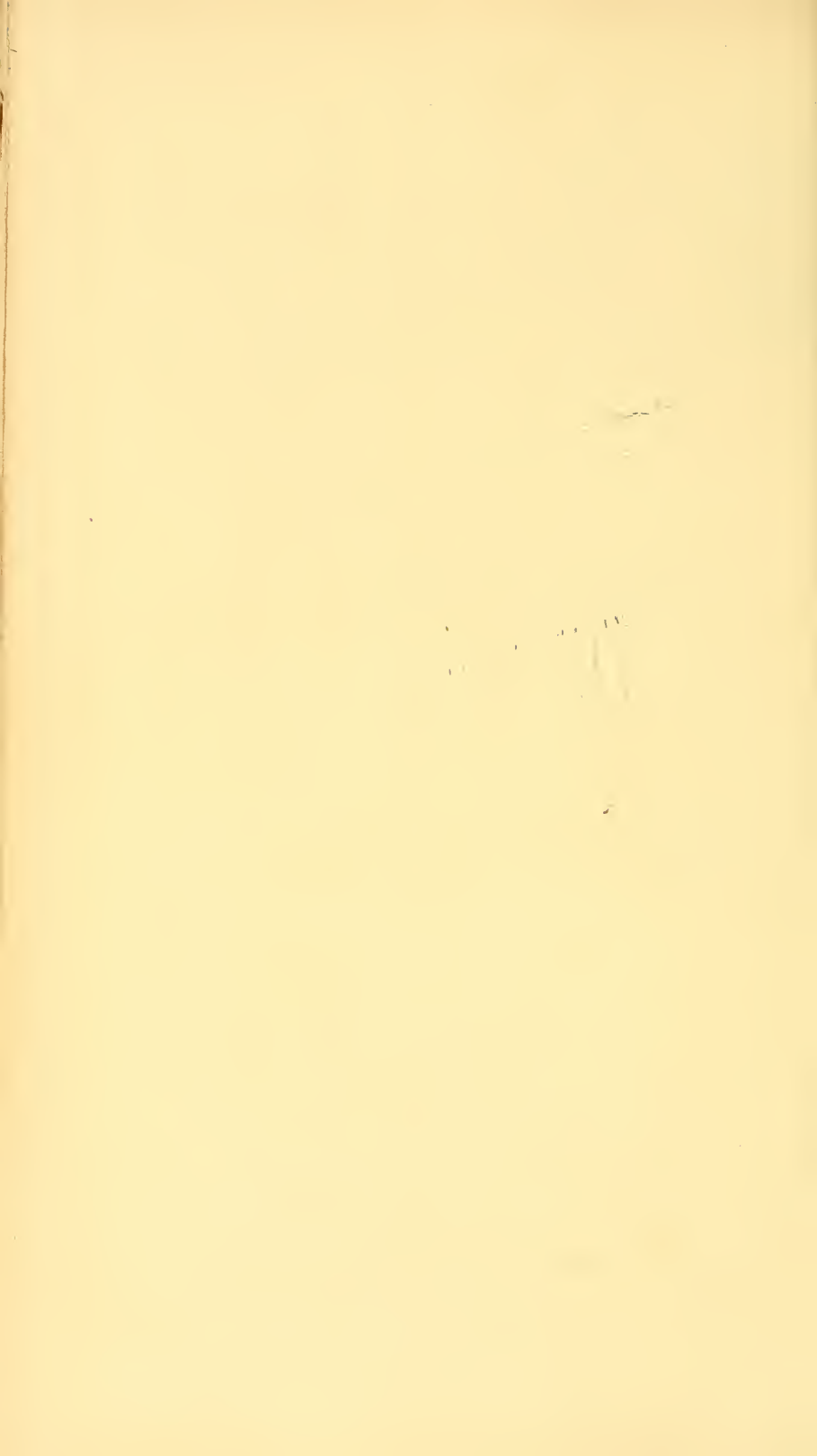


Crystals of creatinine obtained from the chloride of zinc compound.  $\times 130$ . p. 137.

$\frac{1}{1000}$  of an inch.   $\times 130$ .

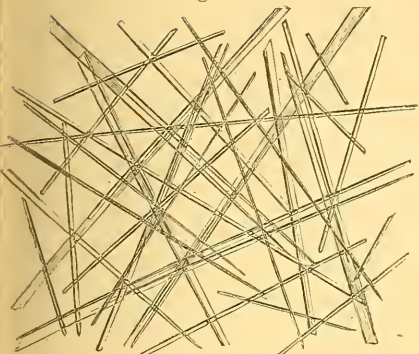
" "   $\times 215$ .

[To face page 142.]



ILLUSTRATIONS OF URINE.

Fig. 1.



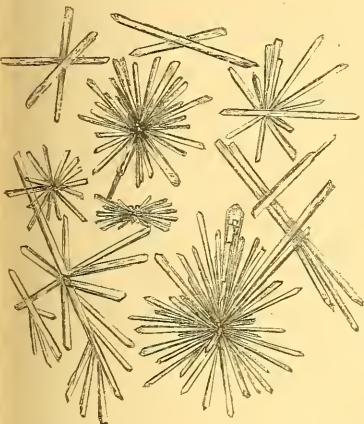
Alloxanic acid.  $C_8H_4N_2O_{10}$ .  $\times 130$ .

Fig. 2.



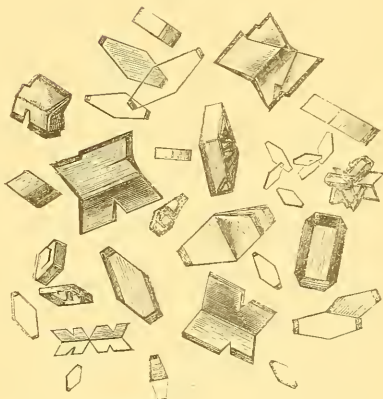
Oxaluric acid.  $C_6H_4N_2O_8$ .  $\times 11$ .

Fig. 3.



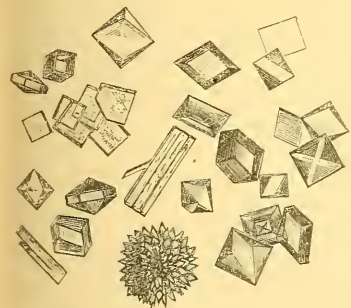
Oxalurate of ammonia.  $NH_3, C_6H_4N_2O_8$ .  $\times 42$ . p. 153.

Fig. 4.



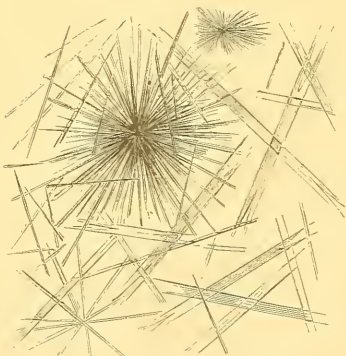
Oxalurate of lime.  $CaO, C_6H_4N_2O_7 + aq.$   $\times 42$

Fig. 6



Oxalurate of magnesia.  $MgO, C_6H_4N_2O_7 + aq.$   $\times 215$

Fig. 5.



Uramide.  $C_8H_5N_3O_6$ .  $\times 100$ .



## ILLUSTRATIONS OF URINE.

### PLATE IX.

Fig. 1. Alloxanic acid,  $C_8H_4N_2O_{10}$ .

Fig. 2. Oxaluric acid,  $C_6H_4N_2O_8$ .

Fig. 3. Oxalurate of ammonia,  $NH_3$ ,  $C_6H_4N_2O_8$ .

Fig. 4. Murexide,  $C_{16}H_8N_6O_{12}$ .

Fig. 5. Thionuric acid,  $C_8H_5N_3O_8 + 2SO_2$ .

Fig. 6. Thionurate of ammonia,  $2NH_3$ ,  $C_8H_5N_3O_8$ ,  $2SO_2 + 2 aq$ .

The alloxanic acid was prepared by adding baryta water to a solution of alloxan. The alloxanate of baryta so formed was decomposed by sulphuric acid, and the clear solution filtered from the precipitate of sulphate of baryta was evaporated and crystallized.

Oxaluric acid was obtained by treating a solution of oxalurate of ammonia with hydrochloric acid. The oxaluric acid was precipitated.

Oxalurate of ammonia was prepared by dissolving parabanic acid in ammonia. Upon heating the solution to the boiling point oxalurate of ammonia was formed, and crystals were obtained upon evaporation.

Murexid. Carbonate of ammonia was added to a warm solution of alloxan and alloxantin. The murexid separated in its characteristic dark red crystals as the solution cooled.

Thionuric acid. A solution of thionurate of ammonia in hot water, was precipitated by acetate of lead. The precipitate was suspended in water and decomposed by sulphuretted hydrogen. The sulphuret was separated by filtration, and the clear solution yielded crystals on evaporation.

Thionurate of ammonia. A cold strong solution of alloxan was mixed with a solution of sulphurous acid in water until the smell of the latter ceased to disappear after agitation. The fluid was then supersaturated with carbonate of ammonia, and kept boiling for nearly half-an-hour. Upon cooling, the salt crystallized in considerable quantity.

[To face Page 146.]



# URINE. IX.

Fig. 1.

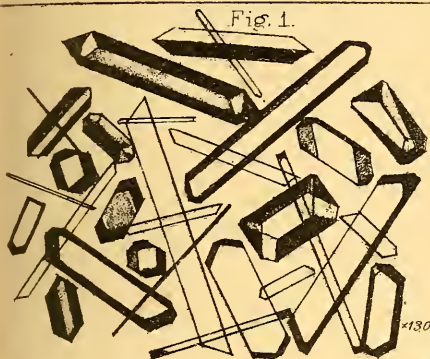


Fig. 2.

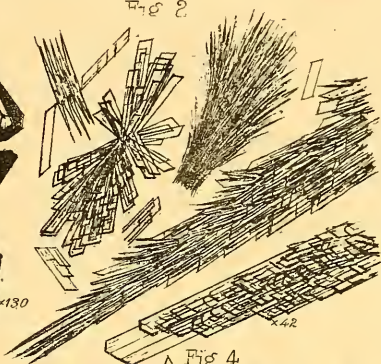


Fig. 3.

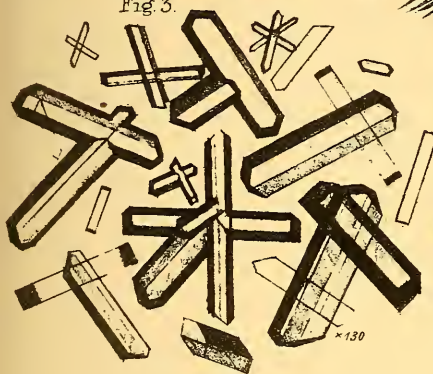


Fig. 4.

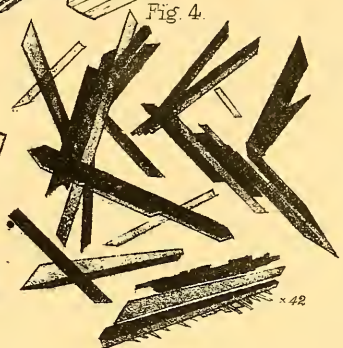


Fig. 5.

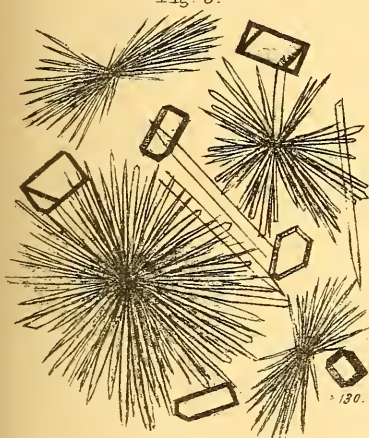
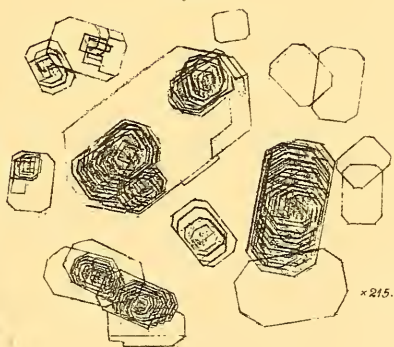


Fig. 6.



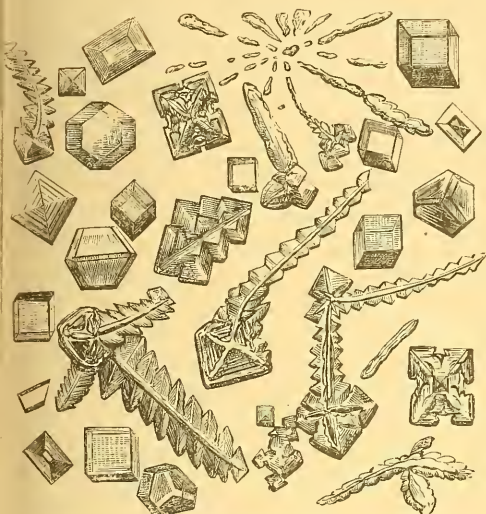
100 vhs. ————— x42  
 1000 vhs. ————— x130  
 1000 vhs. ————— x215

C

111

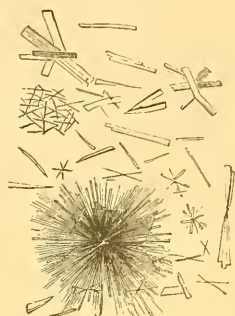
ILLUSTRATIONS OF URINE.

Fig. 1.



Crystals of chloride of sodium, examined in their own mother liquor.  $\times 215$ . p. 167.

Fig. 2.



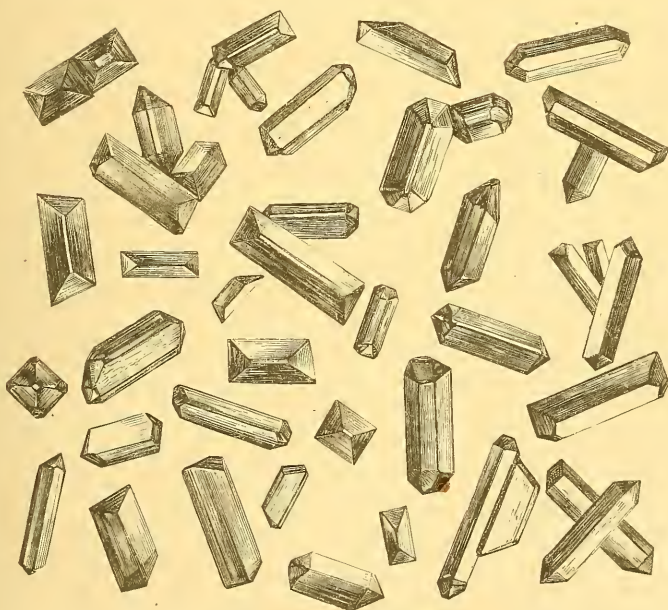
Phosphate of lime in a crystalline form.  $\times 215$ . p. 163.

Fig. 3.



Phosphate of lime.  $\times 215$ . p. 163.

Fig. 4.

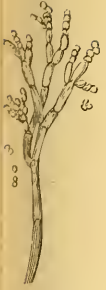


Crystals of triple phosphate in the form of triangular prisms, with obliquely truncated extremities, as they frequently occur in urine.  $\times 45$ . p. 164.



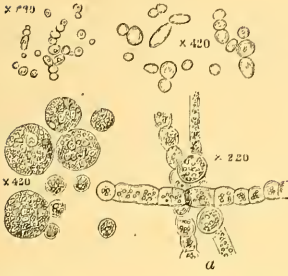
ILLUSTRATIONS OF URINE.

Fig. 1.



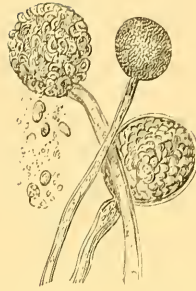
Fructification of *Penicillium glaucum*. p. 243.

Fig. 2.



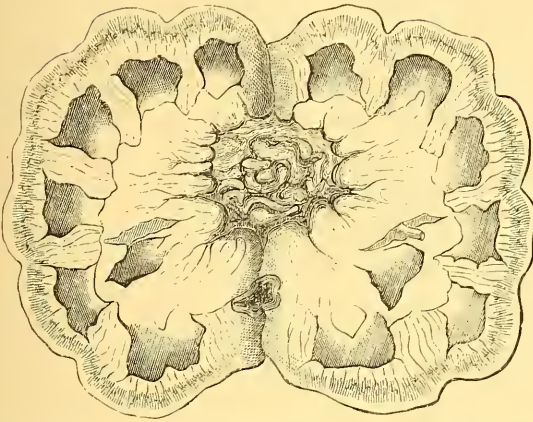
The sugar fungus from diabetic urine. p. 240.

Fig. 3.



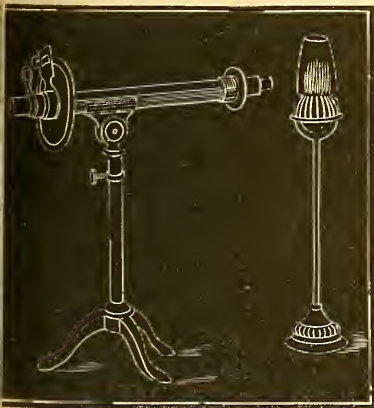
Fructification of yeast fungus. p. 243.

Fig. 4.



Human kidney, showing greatly dilated pelvis and calyces, shrunken pyramids, and diminished cortical portion. p. 180.

Fig. 5.



Fructification of Mitscherlich's polarising saccharimeter for determining the proportion of sugar in fluids. p. 252.

Fig. 6.

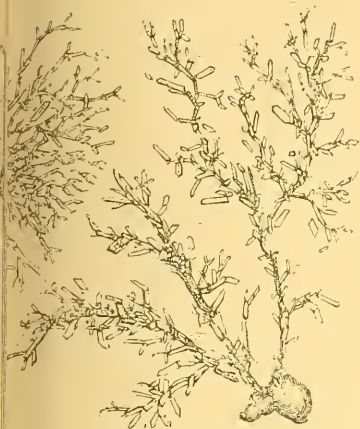


Flask adapted for the estimation of carbonic acid gas, used in determining the proportion of sugar in fluids by the fermentative test. p. 252.



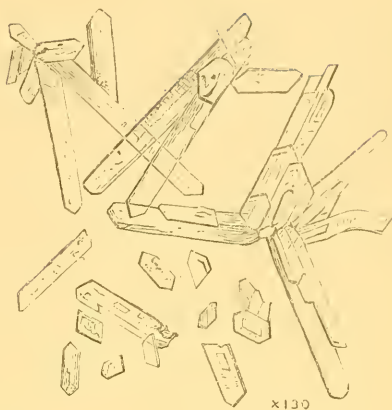


Fig. 1.



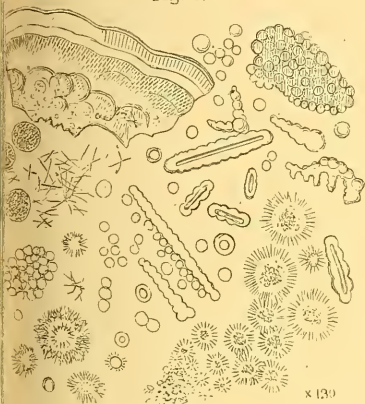
Crystals of diabetic sugar.  $\times 49$ . p. 242.

Fig. 2.



Separate crystals of diabetic sugar.  $\times 130$ . p. 242.

Fig. 3.



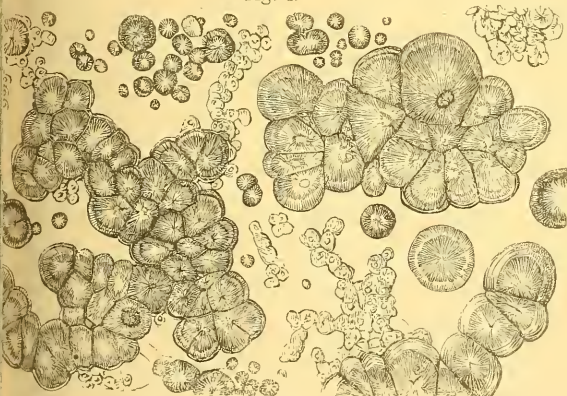
Crystals of leucine from urine.  $\times 130$ . p. 273.

Fig. 5.



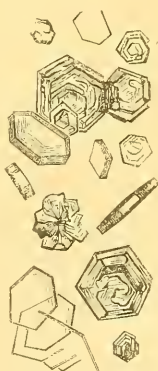
Crystals of tyrosine  $\times 130$ . p. 279

Fig. 4.



Crystals of leucine from urine of a case of leucocythemia  $\times 215$  p. 273

Fig. 6.



Crystals of tyrosine from urine  $\times 215$  p. 280.

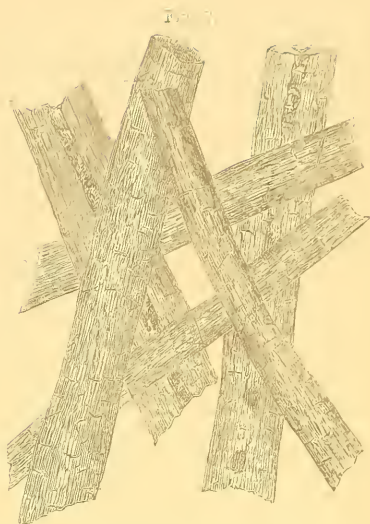
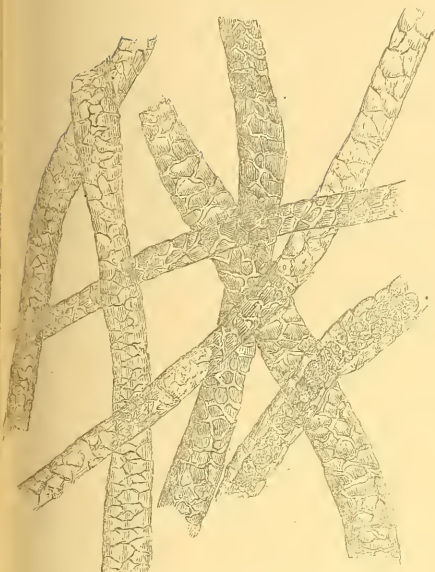
$\frac{1}{1000}$  of an inch  $\text{---}$   $\times 130$

" "  $\text{---}$   $\times 215$ .



URINARY DEPOSITS.—EXTRANEOUS MATTER.

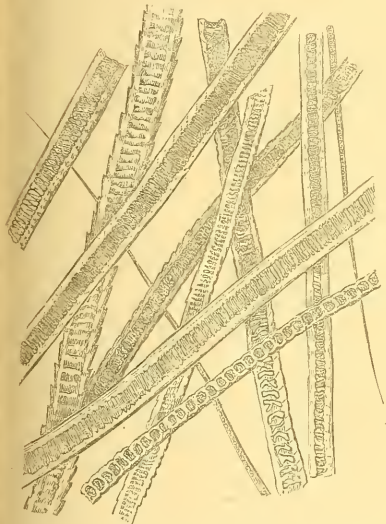
Fig. 1.



Fragments of human hair. In two the central band occupied with the soft cells of the medulla is replaced.  $\times 130$ , p. 291.

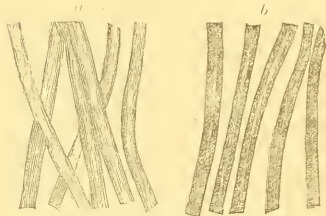
Fragments of hairs from a blanket.  $\times 130$ , p. 291.

Fig. 2.



Fragments of cat's hair. Some of them near the apex and others close to the root of the hair.  $\times 130$ , p. 294.

Fig. 3.



Fibres of silk. *a*, white silk, *b*, black silk  $\times 15$ , p. 195.

Fig. 4.

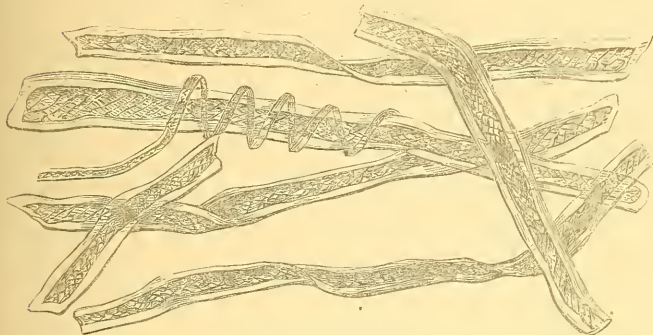


Scales of moth  $\times 215$ , p. 297.



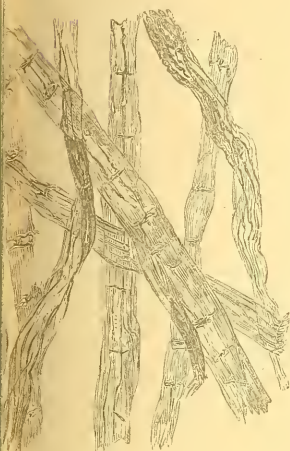
URINARY DEPOSITS.—EXTREME MATTER

Fig. 6.



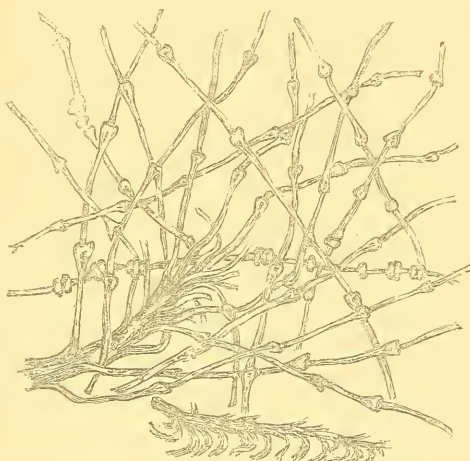
These fibres. A very small fibre in the upper part of the figure is seen to be twisted round a larger one.  $\times 215$ . p. 294.

Fig. 7.



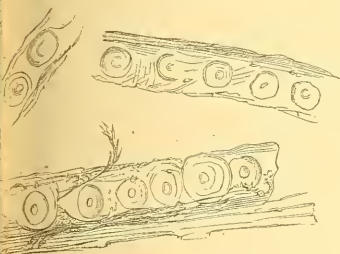
Portions of wax fibres.  $\times 215$ . p. 294.

Fig. 8.



Portions of feathers. The knotted pieces represented are obtained from the lower part of the shaft of the feather.  $\times 215$ . p. 294.

Fig. 9.



Sections of deal wood swept from the floor.  $\times 215$ . p. 295.

Fig. 10.



Elements of dust swept from a shelf.  $\times 215$ . p. 296.

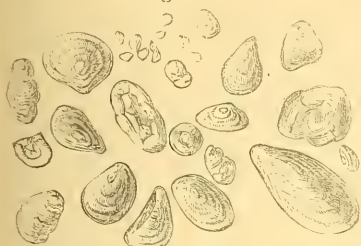
Scale of an inch  $\square$   $\times 215$ .





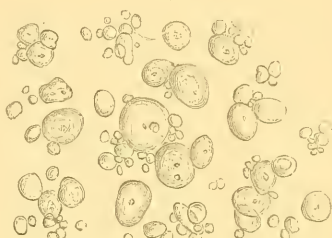
URINARY DEPOSITS.—EXTRANEEOUS MATTERS.

Fig. 11.



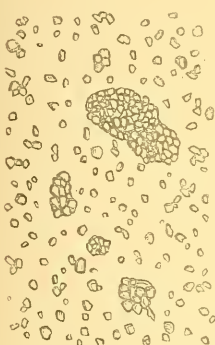
Potato starch. Its appearance in water.  
x 215 p. 295

Fig. 12.



Wheat starch in water. x 215. p. 295.

Fig. 13.



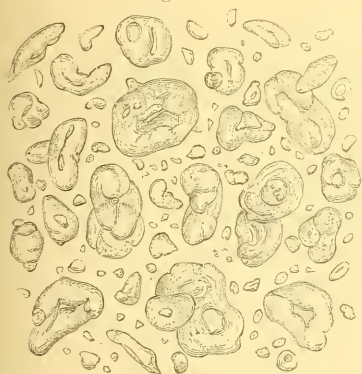
Rice starch in water. x 215. p. 295.

Fig. 14.



Testa and inner tunics of the wheat grain.  
x 130 p. 295.

Fig. 15.



Bread crumbs in water. The starch granules are swollen and softened, but still preserve their form.  
x 215. p. 295.

Fig. 16.



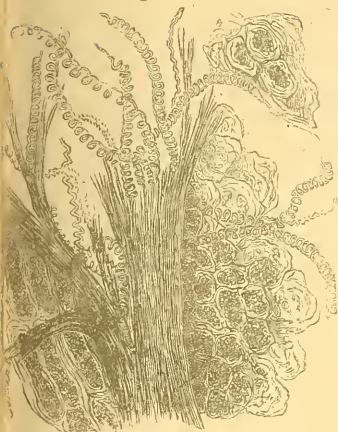
Cells of tissue of potato, in which the starch is contained. A few of the cells are filled with starch granules. x 40 p. 295.

1000 of an inch | x 150.  
" " | x 215.



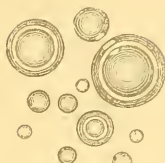
URINARY DEPOSITS.—EXTRANEOUS MATTERS.

Fig. 17.



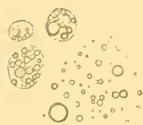
portion of tea-leaf. Fragments of spiral vessels  
sessile projecting from several parts of the  
margin.  $\times 215$ . p. 296.

Fig. 18.



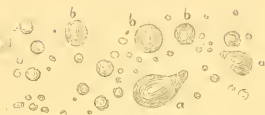
Oil globules. Appearance  
in water.  $\times 215$ .

Fig. 19.



Oil globules. Some free  
and some contained in  
cells.  $\times 215$ .

Fig. 20.



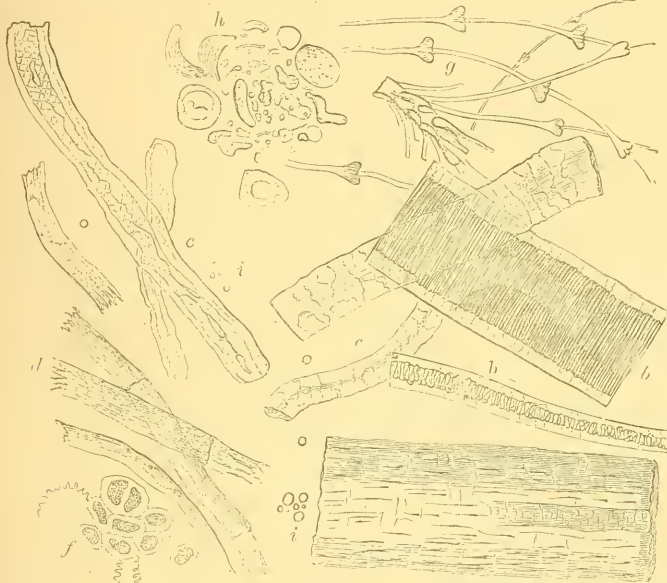
Oil globules. Milk.  $\times 215$ . p. 296.

Fig. 21.



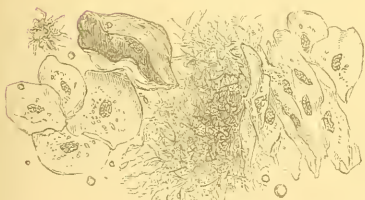
Globules, consisting of  
phosphate of lime.  
Urine.  $\times 215$ .

Fig. 22.



Group of various extraneous substances frequently met with in urine.  $\times 215$ .

Fig. 23.



Epithelium and fungi from the mouth.  $\times 215$ . p. 297.

Fig. 24.



Portions of partially digested striped  
muscle. From vomit.  $\times 215$ . p. 297.

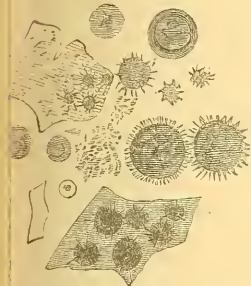
$\frac{1}{1600}$  of an inch.  $\times 215$ .

[To face page 300.]



URINARY DEPOSITS.

Fig. 1.



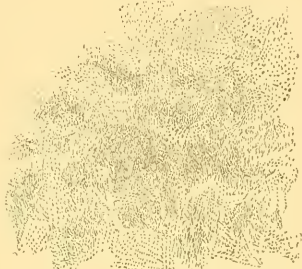
Sediment of sediment obtained by concentrating healthy urine.  $\times 210$ . p. 297.

Fig. 16.



Molecular fatty matter of chylous urine. p. 299.

Fig. 17.



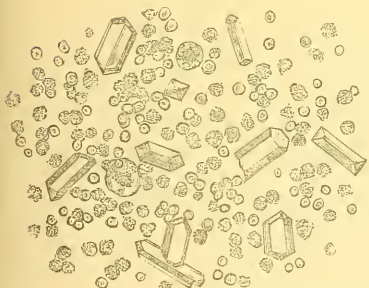
Urate. Ordinary granular deposit, usually termed urate of ammonia. p. 297.

Fig. 25.



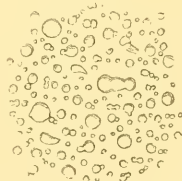
Crystals of cholesterol, obtained from the fatty matter in casts separated from the urine of a case of fatty degeneration of kidneys.  $\times 215$ . p. 311.

Fig. 29.



Pus and blood corpuscles, with crystals of triple phosphate, from the urine of a man suffering from fungous growths connected with the mucous membrane of the bladder.  $\times 215$ . p. 318.

Fig. 30.

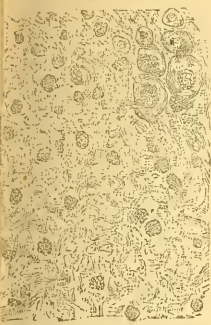


Oil globules of milk.  $\times 215$ .



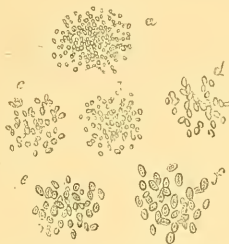


Fig. 31.



cells and mucus corpuscles. In the upper part of the field, to the right, several cells of bladder epithelium are represented.  $\times 215$ . p. 318.

Fig. 32.



*Penicillium glaucum*, developed in acid urine. *a*, within twelve hours after the urine was passed; *b*, one day after; *c*, two days after; *d*, four days after; *e*, five days after; *f*, after standing six days. p. 322.

Fig. 33.



Algae and vibrios from urine three days after it was passed.  $\times 403$ .

Fig. 34.



Detectable organisms met with in urine. *a*, different forms of fungi; *b*, vibrios.  $\times 215$ .

Fig. 35.



bacteria germs in old epithelial cells of the mouth.  $\times 3000$ .

Fig. 37.



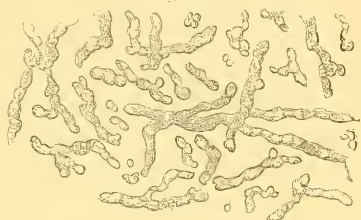
The same.  $\times 1800$ .

Fig. 33.



The same.  $\times 3000$ .

Fig. 39.



*Penicillium glaucum*, found in diabetic urine four days after it was passed.  $\times 215$ .

Fig. 40.



*Penicillium glaucum*, from acid urine.

Fig. 41.



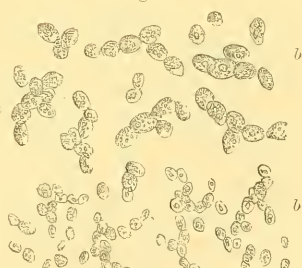
*Penicillium glaucum*  $\times 215$ .

Fig. 42.



*Penicillium glaucum*, from acid urine.  $\times 215$ .

Fig. 44.



Yeast added to diabetic urine, and allowed to stand in a warm place forty-eight hours. Showing growth of the torula. p. 333. *a*  $\times 215$ . *b*  $\times 400$ .

Fig. 43.



The sugar fungus from diabetic urine. p. 333.

Scale of inch  $\times 215$

$\times 1500$



Fig. 45.



Microscopic view of yeast fungus p. 323.

Fig. 46.



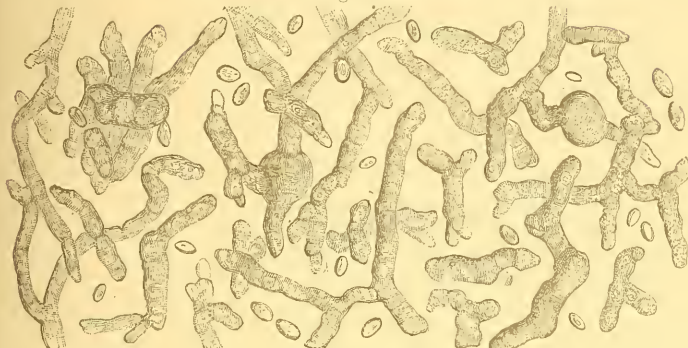
Fungi formed in acid urine. Several spermatocidia are seen amongst the fungous filaments. x 700.

Fig. 47.



Microscopic view of penicillium glaucum p. 323.

Fig. 48.



penicillium glaucum. The oval spores growing into thalli. Developed in urine about any hours after it was passed x 400. p. 323

Fig. 49.



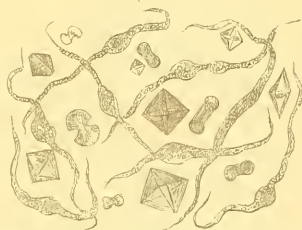
Fungi formed in acid urine. From the same specimen as Fig. 46 x 215.

Fig. 50.



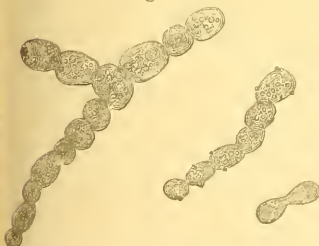
Sporules of fungi, resembling blood corpuscles p. 321.

Fig. 51.



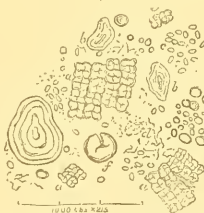
Clousous fungi formed in the urine of a young man passing much oxalate of lime. x 215.

Fig. 52.



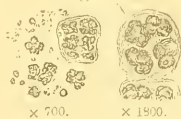
Penicillium glaucum, from vomit. x 700.

Fig. 53.



Sarcinae ventriculi, ordinary size, from vomit. a. sarcinae. b. starch granules partially dissolved and rendered transparent. c. minute oval fungi, usually present in vomit containing sarcinae. d. vibriones. e. oil globules. f. starch globule from bread, cracked but not as yet softened. x 215.

Fig. 54.

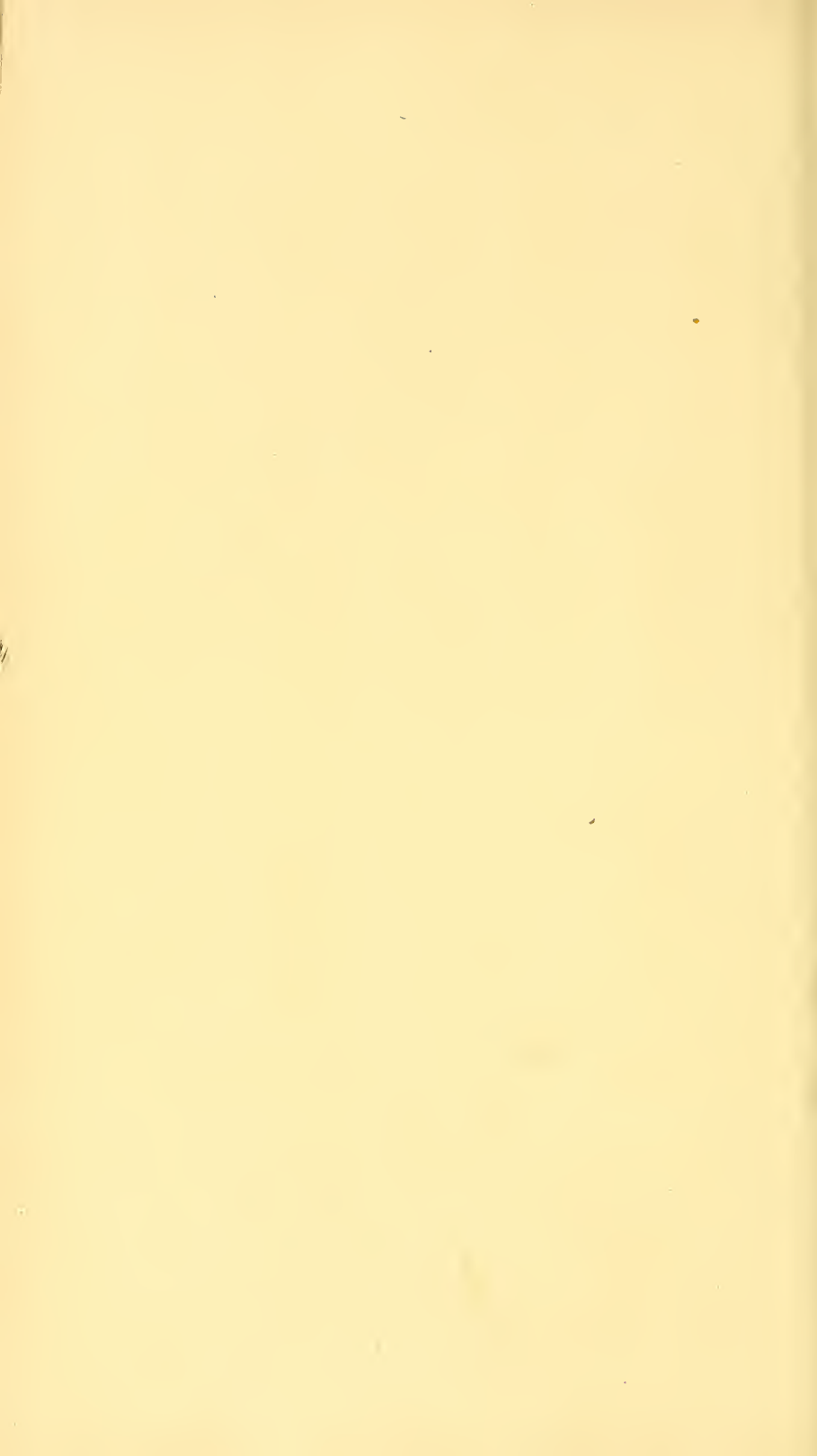


Sarcinae, from vomit. Archives, vol. II, p. 28, p. 325.

view of an inch \_\_\_\_\_ x 215.

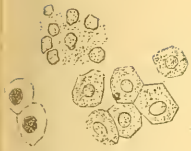
\_\_\_\_\_ x 700.

To face page 11.



PRIMARY DEPOSITS.—EPITHELIUM.

Fig. 54.



Epithelium from the convoluted portion of the ureter, treated with acetic acid.  $\times 215$ .

Fig. 56.



Epithelium from the pelvis of the human kidney.  $\times 215$ .

Fig. 57.



Epithelium from the ureter.  $\times 215$ .

Fig. 58.



Epithelium from the urethra.  $\times 215$ .

p. 327.

Fig. 59.



Bladder epithelium. *a*, from the general surface; *b*, from the fundus. *c*, scaly epithelium from the bladder.  $\times 215$ . p. 327.

Fig. 60.



Vaginal epithelium from urine.  $\times 215$ . p. 328.

Fig. 61.



Epithelium from the bladder, showing the hollows and some of the large cells into which the subjacent columnar cells fit.  $\times 215$ .

Fig. 62.



Epithelium from the vagina. p. 328.

Fig. 63.



Young epithelial cell from the bladder, undergoing division.  $\times 700$ . p. 327.

Fig. 64.



Formation of pus from germinal matter of epithelial cells.  $\times 215$ . p. 328.

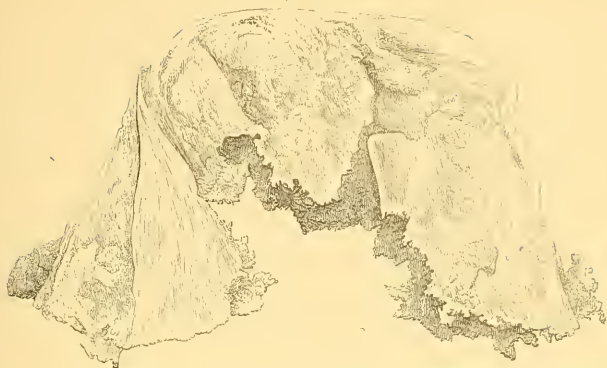
$\frac{1}{16}$  of an inch  $\times 215$ .

" "  $\times 700$ .





Fig. 65.



Membranous substance passed with a blood clot during the menstrual period, probably from the vagina. From a preparation of Dr. Tilt's.

Fig. 66.

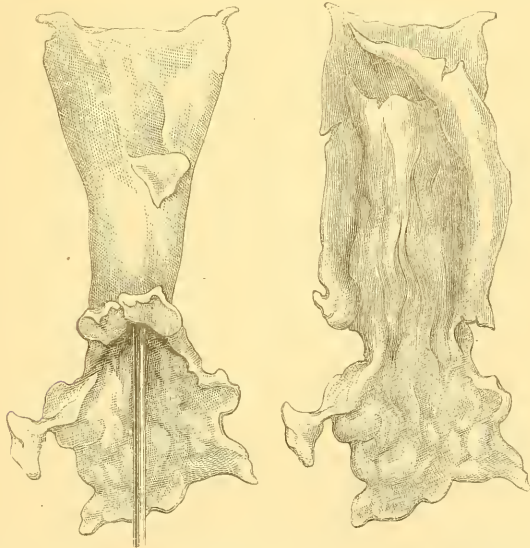


Fig. 67.



Two fragments of a uterine cast passed by a lady, age 35. These are composed entirely of epithelium.

Fig. 68.



Cast of the womb and vagina, the mucous covering, belonging to the former cast, being inserted. From a drawing by Dr. Vannotti, of Florence.



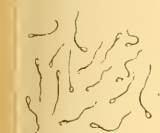
Fig. 69.



x 215

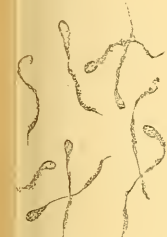
st of the seminal tubes. Spermatozoa embedded in them  
from an old man upwards of 80 years of age. p. 331

Fig. 71.



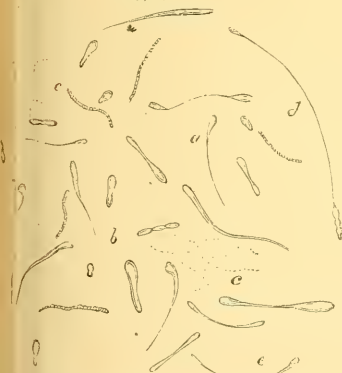
spermatozoa from urine.  
x 215. p. 329.

Fig. 72.



spermatozoa with urate  
deposited upon them  
x 700. p. 349

Fig. 74.



x 403

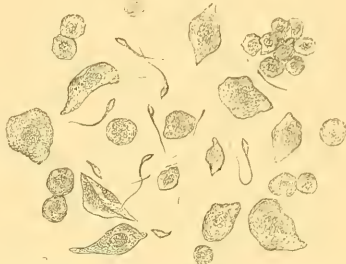
filaments of a vegetable nature resembling  
spermatozoa. x 403. p. 331.

of an inch \_\_\_\_\_ x 215.

"

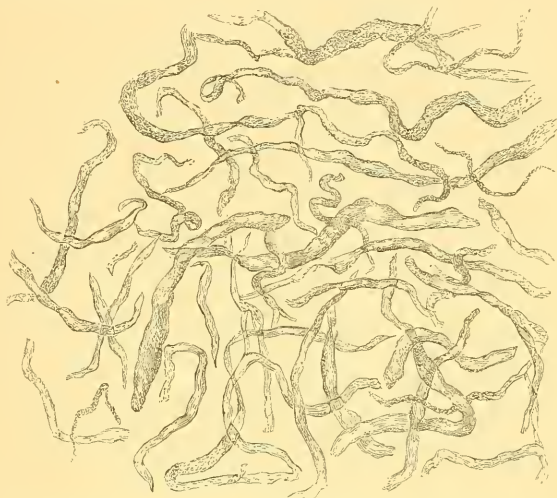
\_\_\_\_\_ x 3000.

Fig. 70.



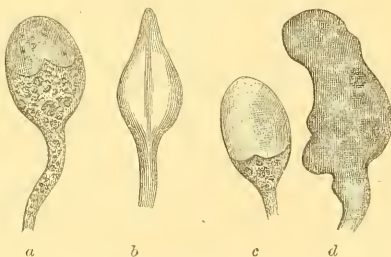
Spermatozoa and cells of vaginal epithelium,  
removed from the vagina of a little girl a few  
hours after a rape had been committed  
x 215. p. 330.

Fig. 73.



Long narrow threads of viscid mucus, associated with the presence of  
spermatozoa in casts of the seminal tubules. From the urine of a case  
of slight irritability of the neck of the bladder. x 215. p. 331.

Fig. 75.



Body and upper part of the tail of spermatozoon  
magnified upwards of 3000 diameters  
*a*, spermatozoon containing much living germinal  
matter. *b*, the same seen edgewise. *c*, sperma-  
tozoon containing comparatively little germinal  
matter. *d*, spermatozoon crushed, showing separate  
spherical particles of germinal matter.  
p. 329.

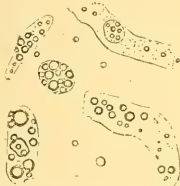


Fig. 76.



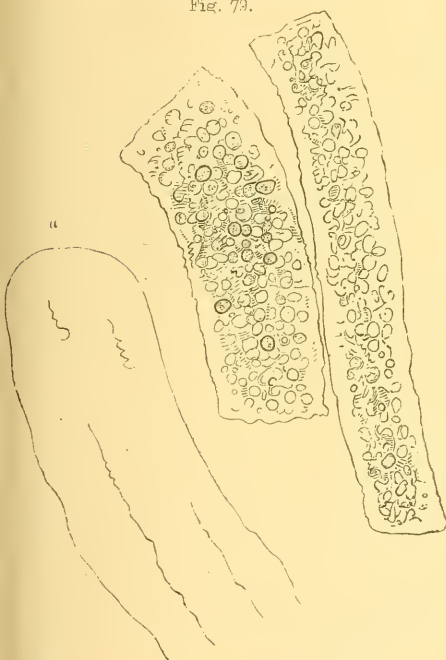
Spermatozoa and crystals of phosphate of lime, from the seminal fluid.  $\times 215$ . p. 339.

Fig. 78.



Casts containing oil-globules, and free fat-cells, from a case of fatty degeneration of the kidney.  $\times 215$ .

Fig. 79.



Large casts. Some containing many cells, others consisting of a perfectly transparent wax-like material.  $\times 215$ .

$\frac{1}{1600}$  of an inch  $\square$   $\times 215$ . p. 341.

Fig. 77.



Waxy casts. *a.* of large size *b.* small waxy casts.  $\times 215$ .

Fig. 78A.



Small granular casts, from the urine of a patient suffering from chronic nephritis.  $\times 215$ .

Fig. 80.



Epithelial casts. *a.* casts containing cells of epithelium *b.* cast containing granular matter. From urine of acute dropsy.  $\times 215$ .

[To face page 340.]





URINARY DEPOSITS.

Fig. 81.



Mucus cast, from the straight portion of the uriniferous tubes, showing the manner in which the large renal tubes divide and subdivide as they pass towards the base of the pyramids.  
x 75. p. 342.

Fig. 82.



Mucus casts, with dark brown urate deposited upon their surface and in their substance. They became quite clear and transparent when warmed.  
x 215. p. 342.

Fig. 84.



Portion of a mucus cast, which has been formed around a smaller and serpentine one. x 215. p. 342.

$\frac{1}{1000}$  of an inch  x 215.

Fig. 83.

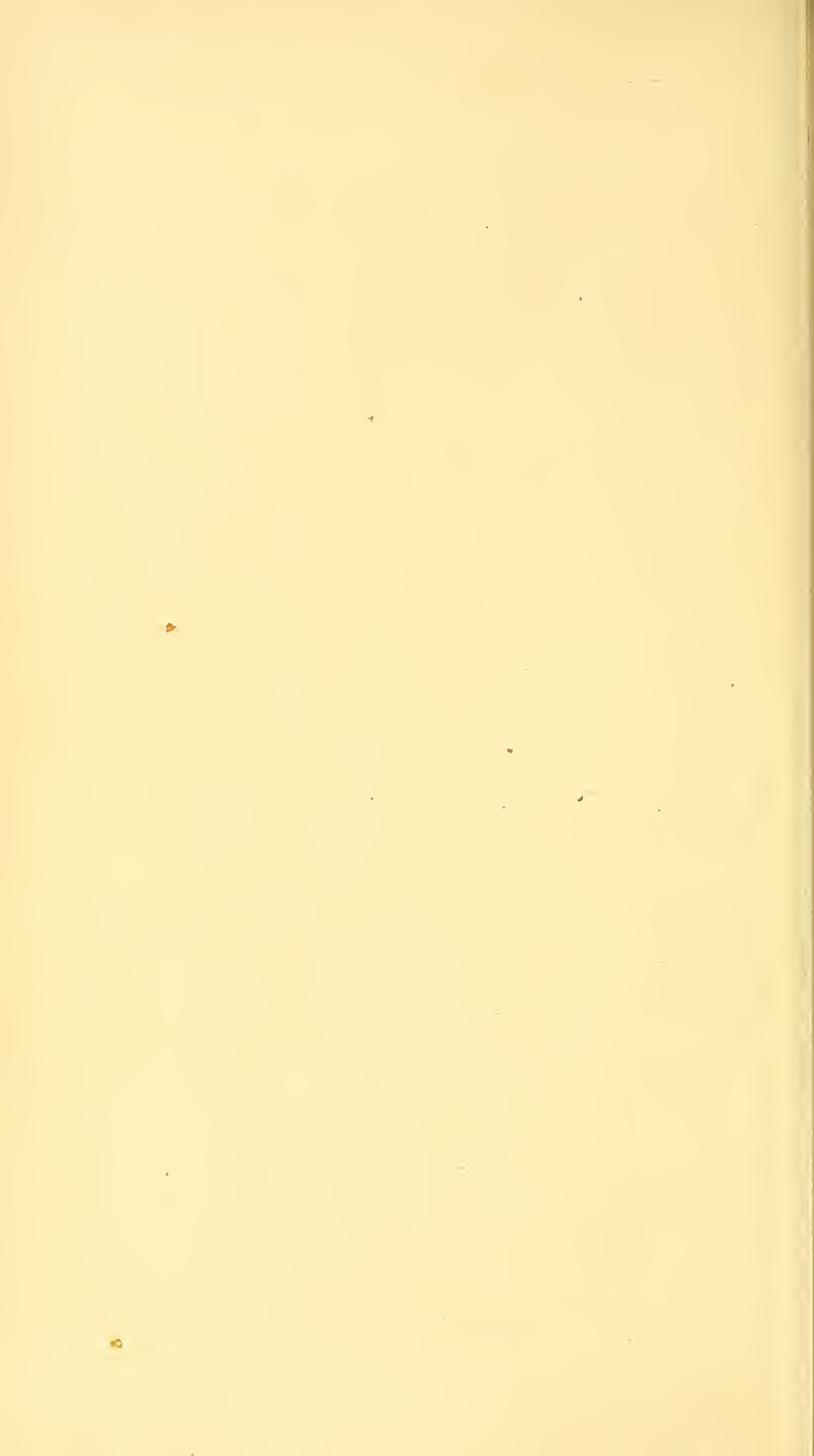


Waxy casts of large and small diameter. In the centre of the larger ones casts of small diameter are seen to be embedded.  
x 50. p. 340.

Fig. 85.



Casts containing blood corpuscles, from a case of acute nephritis. x 215. p. 342.



URINARY DEPOSITS.

Fig. 56.



Epithelial and granular casts from the urine of a woman suffering from acute nephritis with dropsy, of a fortnight's duration. *a*, epithelial casts; the cells of renal epithelium are very distinct, and their nuclei well defined. *b*, casts containing brown granular matter and blood corpuscles. *c*, granular casts of a brown colour, many of them containing a few oil globules. *d*, squamous epithelium from the vagina. *e*, epithelium from the bladder. *f*, cells containing oil globules. *g*, portion of a cast containing oil globules. *h*, circular granular cells, probably altered renal epithelium. *i*, fibre of flax, of accidental presence. *k*, blanket hair.  $\times 215$ . p. 347.

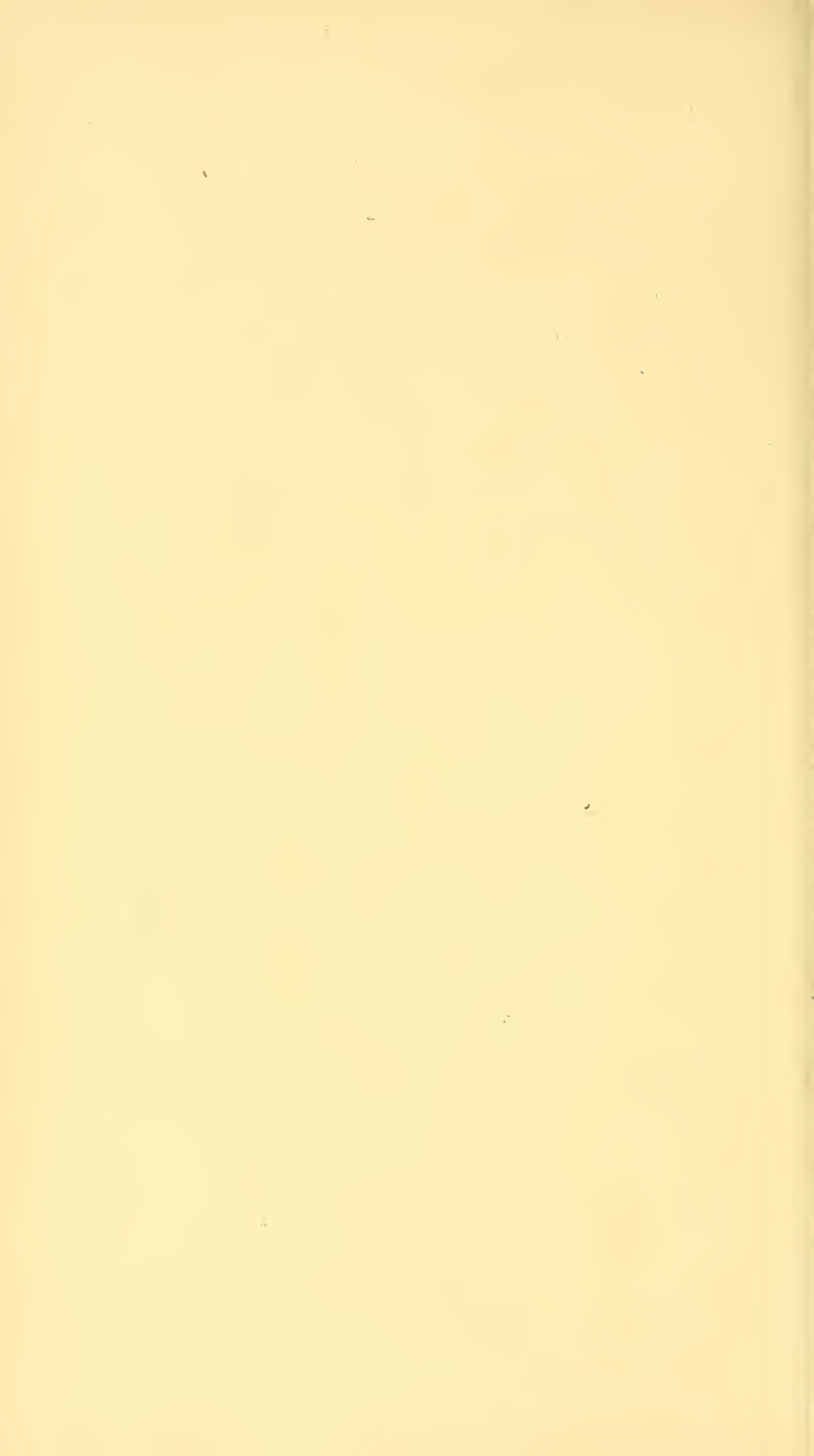
Fig. 57.



Casts from a case of chronic nephritis. *a*, dark granular casts. *b*, casts containing small granular cells and white blood corpuscles. *c*, waxy casts, consisting of a perfectly clear glistening material. *d*, large cast, hardened by pressure, containing white blood corpuscles. *e*, portion of a cast containing a large cell filled with oil globules. *f*, pus corpuscles, probably derived from the bladder. *g*, collections of small oil globules. *h*, large cell containing smaller cells in the interior. Of the nature of this I am ignorant, but I have observed such in several specimens of urine. *i*, portions of cotton fibre. *k*, piece of very thin human hair. *l*, fragment of flax.  $\times 215$ . p. 347.

$\frac{1}{1000}$  of an inch   $\times 215$ .

[To face page 346.]



## URINARY DEPOSITS.

Fig. 83.



Casts, acute inflammation of the kidney.

Casts from the urine of a man aged 45, suffering from acute inflammation of the kidneys. There was very slight oedema of the legs. The patient died comatose three weeks after the first symptoms appeared. The urine contained so much albumen that it became perfectly solid upon the application of heat and after the addition of nitric acid.

*a*, perfectly transparent wax-like casts. The shading should be more faint than in the drawing. *b*, a very long wax-like cast, consisting of material deposited at two different periods: the original cast in the interior was probably forced a certain distance further down the uriniferous tube, when a new layer of the coagulable material was deposited around it. *c*, casts filled with cells closely resembling pus corpuscles, but somewhat larger. *d*, the same cells free in considerable number; the greater part of the deposit consisted of these cells. *e*, portion of leather. *f*, piece of cotton fibre. *g*, portion of human hair. *h*, flax fibre.

X 215. pp. 341, 348.

$\frac{1}{1600}$  of an inch  $\left[ \text{—} \right] \times 215$ .

[To face page 345.

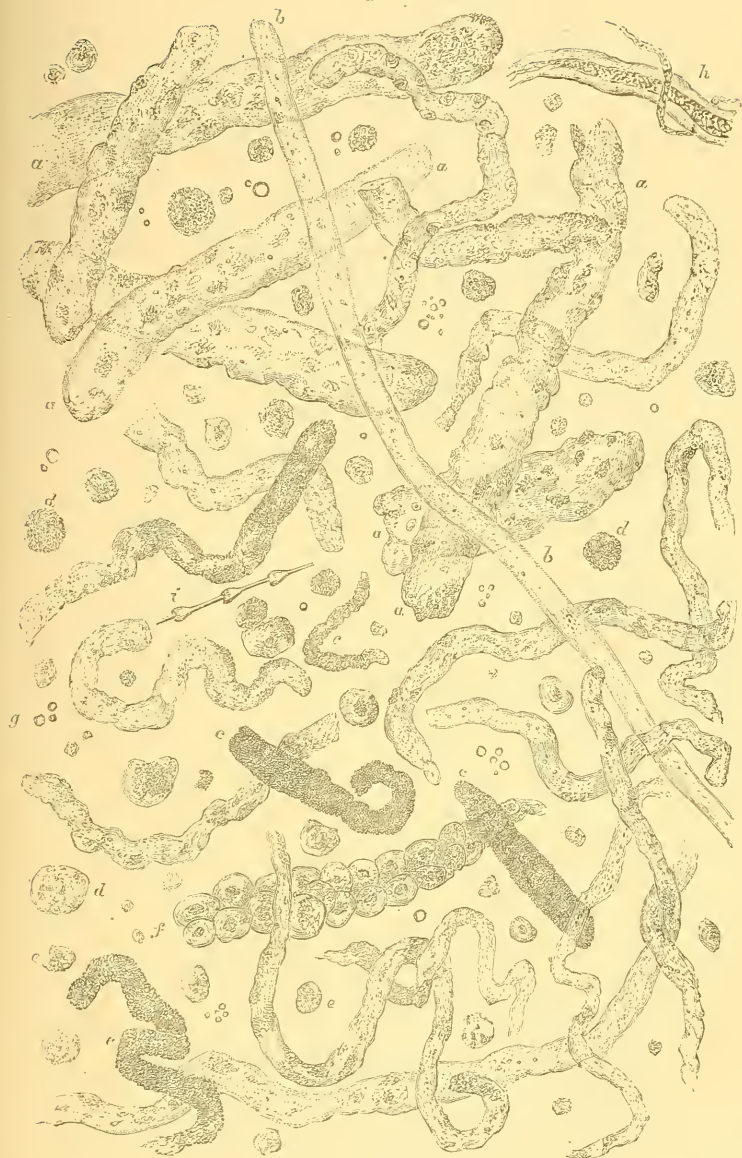






URINARY DEPOSITS.

Fig. 39.



Casts. *Chloria hepatitis*.

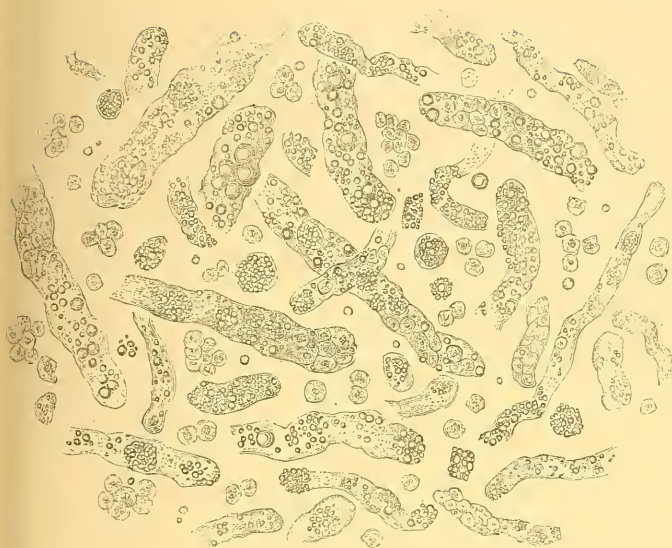
*a*, casts of large diameter, containing granular matter scattered through them unequally. *b*, a very long, clear and perfectly transparent cast, containing only a few minute oil globules here and there. *c*, dark granular casts, some of them containing a few oil globules. *d*, large masses of granular matter many of them appearing like granular cells. Most of these are derived from the mucous membrane covering the glans. *e*, cells of renal epithelium, darker and more granular than usual. *f*, mass of squamous epithelium, probably from one of the follicles of the mucous membrane of the bladder. *g*, free oil globules. *h*, portions of cotton fibre. *i*, portion of feather.  $\times 115$ . pp. 343, 349.

$\frac{1}{1000}$  of an inch  $\square$   $\times 215$ .



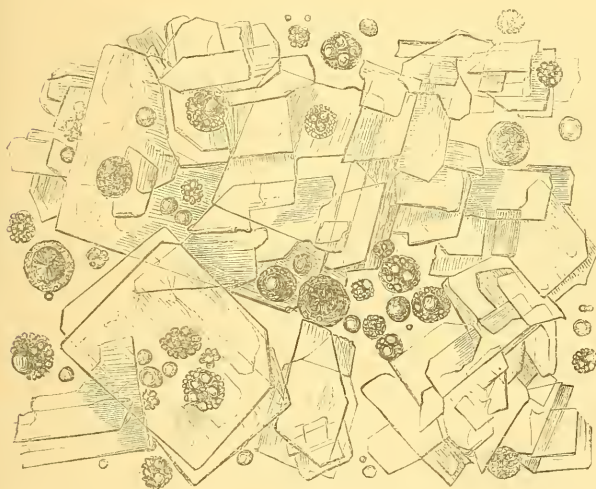
URINARY DEPOSITS.

Fig. 90.



casts containing oil from the urine of a case of fatty degeneration of the kidney of long standing. Many cells of epithelium contain no oil.  $\times 315$ .

Fig. 91.



Cholesteroline obtained from the fatty matter in casts separated from the urine of a case of fatty degeneration of the kidneys. Globules composed of non-crystallizable fat only are seen scattered in various parts of the field.  $\times 315$ .

$\frac{1}{1000}$  of an inch   $\times 315$ .



Fig. 92.



Casts of the uriniferous tubes, from a case of acute nephritis.  
X 215. pp. 345, 348.

Fig. 93.



Portion of a cast containing altered and growing white blood corpuscles. Acute nephritis. X 700.

Fig. 94.



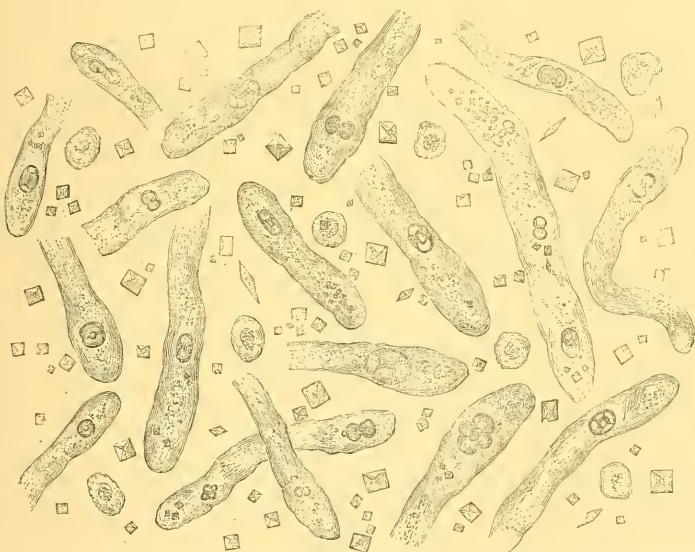
Portion of a cast with distinct cells, probably altered white blood corpuscles. X 700.

Fig. 95.



Shrivelled and wasted uriniferous tubes, from a kidney.  
No casts could be formed in these tubes. p. 311.

Fig. 96.



Dumb-bell crystals in casts, proving that these curious crystals are formed in the uriniferous tubes. From the urine of a case of cholera. The specimen containing these casts was the first portion passed after eighteen hours complete suppression. It contained a trace of albumen. Octahedra were present in the surrounding fluid. X 415.

p. 344.

$\frac{1}{1000}$  of an inch [ ] X 215.

[To follow PLATE XVIII.]





Fig. 87.

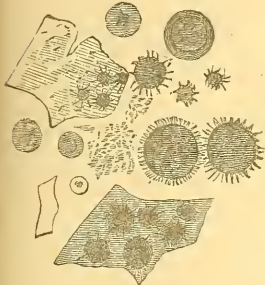


Urinary granular deposit, usually termed urate or lithate of ammonia, but consisting of urate of soda with small quantities of urates of ammonia, lime, and magnesia. x 215. p. 351.



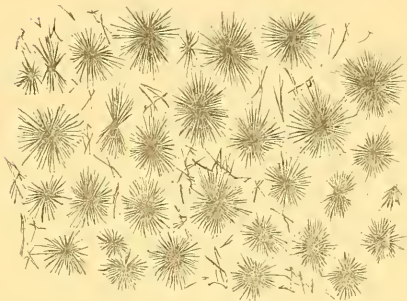
Urate of soda, prepared artificially. x 215 p. 351.

Fig. 99.



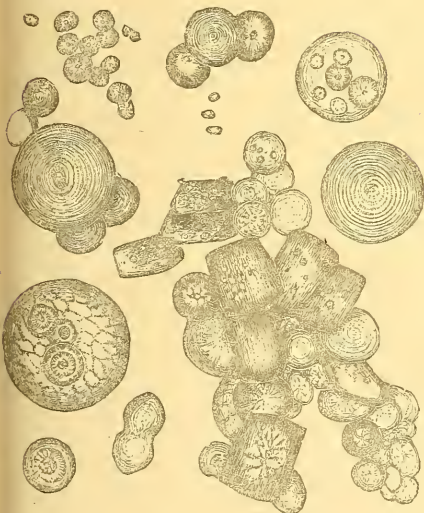
Urate of soda and films of triple phosphate, formed on the surface of concentrated urine. p. 351.

Fig. 100.



Urate of ammonia prepared artificially. x 215. p. 351.

Fig. 101.



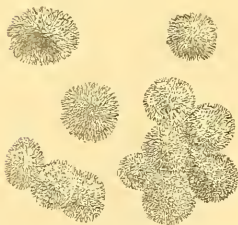
Granules of urate of soda, with crystals of uric acid. From a case of long continued remittent fever. Sent by Dr Kennion, of Barroque. X 215. p. 352.

Fig. 102.



Urate of ammonia, prepared artificially. x 215. p. 351.

Fig. 103.



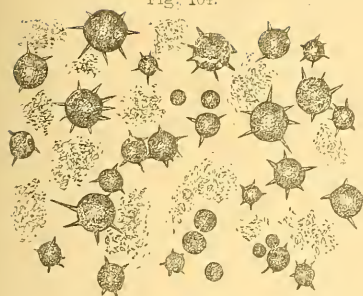
Urate of ammonia, prepared artificially. x 215. p. 351.

1/1000 of an inch [ ] x 215.

[To face page 51]

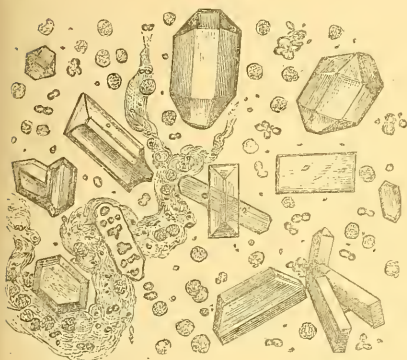


Fig. 104.



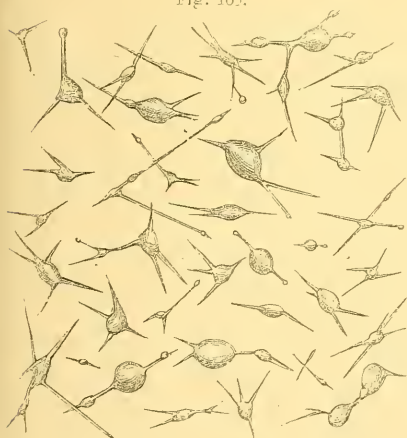
Urate of soda in spherical masses, from various parts of which minute acicular crystals of uric acid project.  $\times 215$ . p. 352.

Fig. 106.



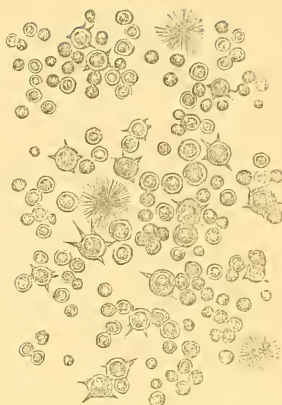
Crystals of ammoniaco-magnesian phosphate, with urates, mucus and pus corpuscles. From a case of catarrh of the bladder of a man aged 10. Three years' standing. p. 355.

Fig. 101.



Urate of soda, prepared artificially.  $\times 215$ . p. 351.

Fig. 105.



Urate of soda in a globular form, commonly found in the urine of children.  $\times 215$ . p. 352.

Fig. 107.



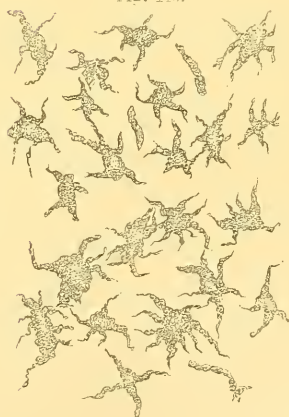
Prismatic crystals of triple phosphate, showing their form. p. 355.

Fig. 108.



Triple phosphate crystals from acid urine.  $\times 215$ .

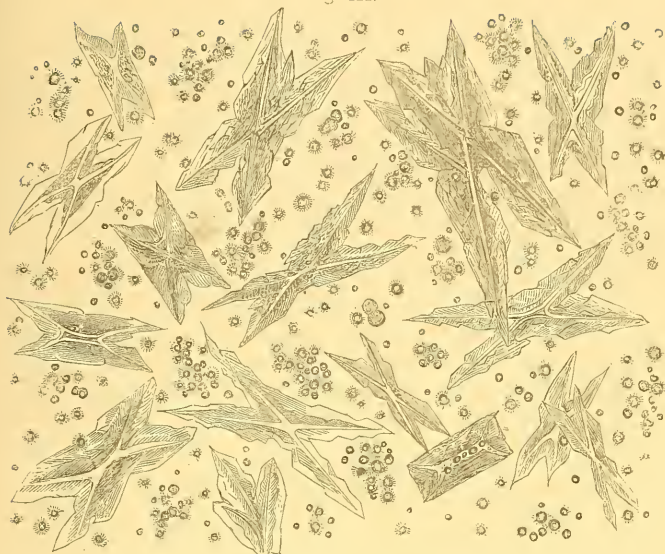
Fig. 110.



Urate of soda from the urine of a patient suffering from gonorrhoea.  $\times 215$ . p. 351.

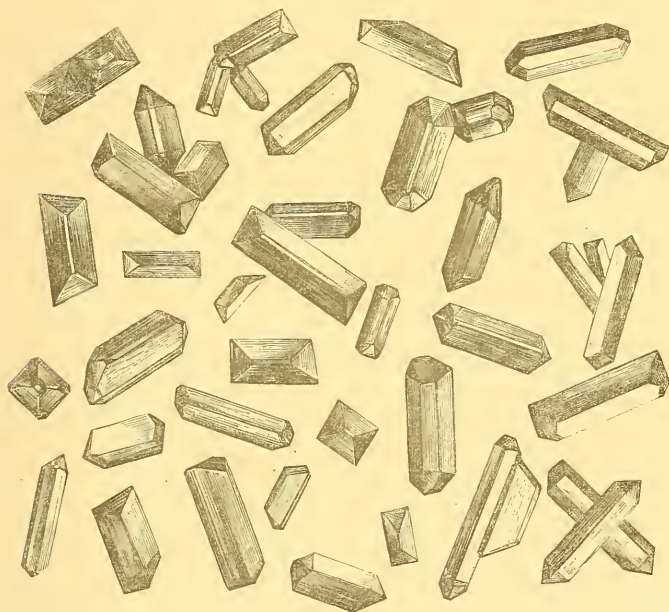


Fig. 111.



Beautiful crystals of triple or ammonio-magnesian phosphate and spherules of urate of soda.  
 x 215. pp. 352, 355.

Fig. 112.



Crystals of triple phosphate  $\text{3Mg}(\text{NH}_4)_2\text{O}, \text{PO}_5 + 12\text{aq.}$  In the form of triangular prisms, with obliquely truncated extremities, as they frequently occur in urine. In many cases the crystals are four-sided. Not unfrequently the shaft of the crystal is so short that the two triangular extremities are seen quite close together, and the crystal, without care, might be mistaken for an octahedron.  
 x 45. p. 355. See also Pl. XXXIII Fig. 180.


$\frac{1}{100}$  of an inch —  x 40.  
 $\frac{1}{1000}$  " —  x 215.



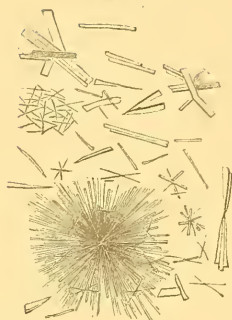


Fig. 112.



Crystals of triple phosphate formed by the addition of ammonia to urine. The crystals being rapidly developed are precipitated in this very beautiful star-like form. If, however, these remained for some time in the urine they would gradually assume the prismatic form. The more highly magnified drawing of one of the arms of a crystal in the upper part of the figure shows how this change in crystalline form takes place.  $\times 215$  p. 355.

Fig. 114.



Crystals of phosphate of lime occasionally met with in urine.  $\times 215$  p. 356.

Fig. 115.



Drawing of a urinary deposit, consisting of crystals of phosphate of lime and numerous octahedra of oxalate of lime, with a little mucus.  $\times 215$  p. 357.

Fig. 116.



Large dumb-bells of phosphate of lime in the form of dumb-bells, from the mucus of the gall bladder.  $\times 215$  p. 358.

Fig. 117.



Unusual form of triple phosphate. From the urine of a patient suffering from indigestion in the very hot weather.  $\times 215$  p. 357.

Fig. 118.



Large dumb-bells of phosphate of lime.  $\times 215$  p. 358.

$\frac{1}{1000}$  of a inch  $\square$   $\times 115$ .

The next page

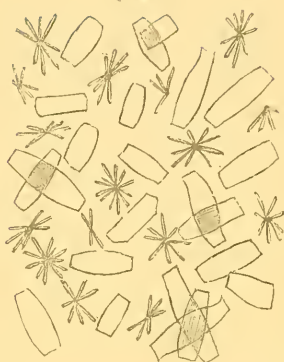


Fig. 119.



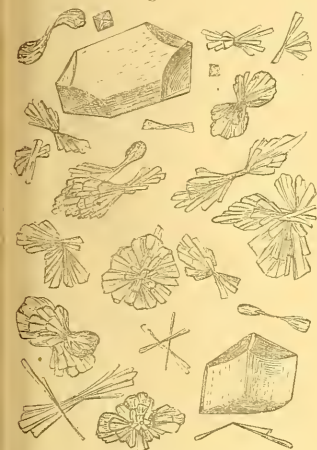
phosphate of lime, crystallized in the form of fan-like plates.  $\times 215$ . p. 358.

Fig. 120.



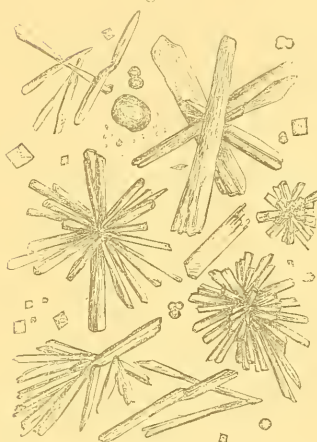
Two forms of phosphate of lime mounted in Canada balsam.  $\times 215$ . p. 358.

Fig. 121.



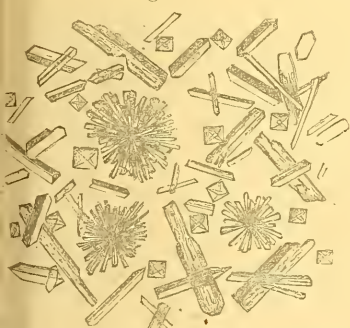
Crystals of triple phosphate and phosphate of lime.  $\times 130$ . p. 358.

Fig. 122.



Phosphate of lime. From urine.  $\times 130$ . p. 358.

Fig. 123.



phosphate and oxalate of lime, from the urine of a man enjoying good health, but taking little exercise.  $\times 215$ . p. 358.

Fig. 124.



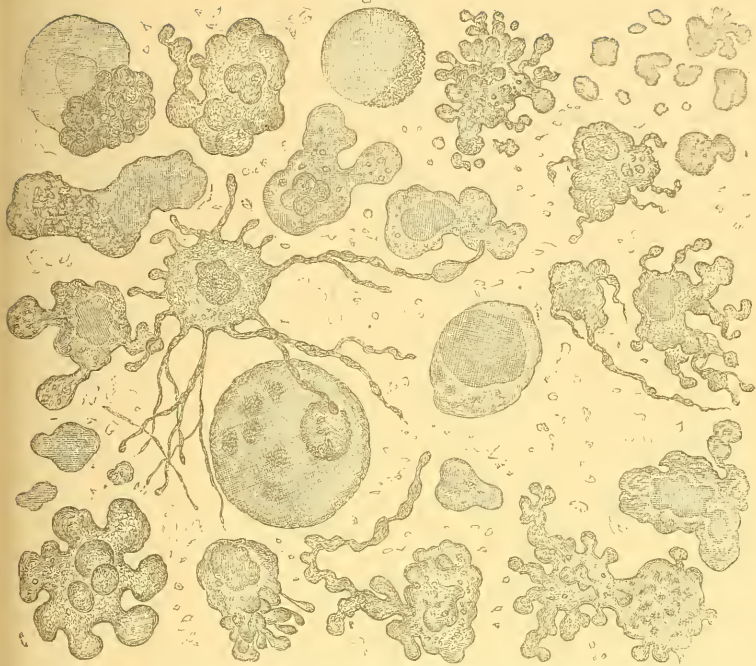
Deposit from the urine of a man suffering from gouty kidney, consisting of a peculiar form of phosphate of lime, with granular casts and casts containing oil.  $\times 215$ . p. 358.

$\frac{1}{1000}$  of an inch   $\times 215$ .

[To face page 56].

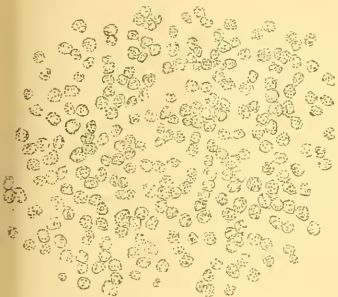


Fig. 125.



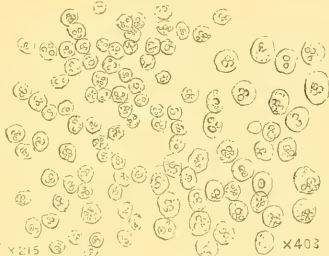
Pus corpuscles exhibiting very active movements. From the bladder of a patient suffering from chronic inflammation. Showing alterations in form due to (vital) movements.  $\times 1300$ . p. 364.

Fig. 126.



Pus corpuscles from urine.  $\times 215$ . p. 364.

Fig. 127.



Pus corpuscles which have been acted upon by acetic acid. p. 364.

Fig. 128.



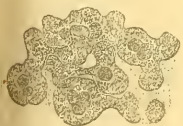
Pus corpuscles under the action of acetic acid *a*, action commencing. *b*, complete.  $\times 215$ . p. 364.

Fig. 130.



Formation of pus from germinal matter or epithelial cells.  $\times 215$ . p. 362.

Fig. 129.



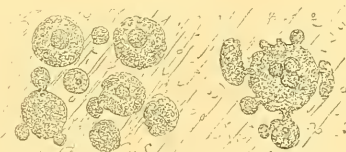
Pus corpuscles showing protruding processes.  $\times 700$ . p. 364.

Fig. 132.



Multiplication of pus corpuscles by detachment of protruding portions from each corpuscle.  $\times 700$ . p. 364.

Fig. 131.



Growth and multiplication of pus corpuscles when free. p. 364.





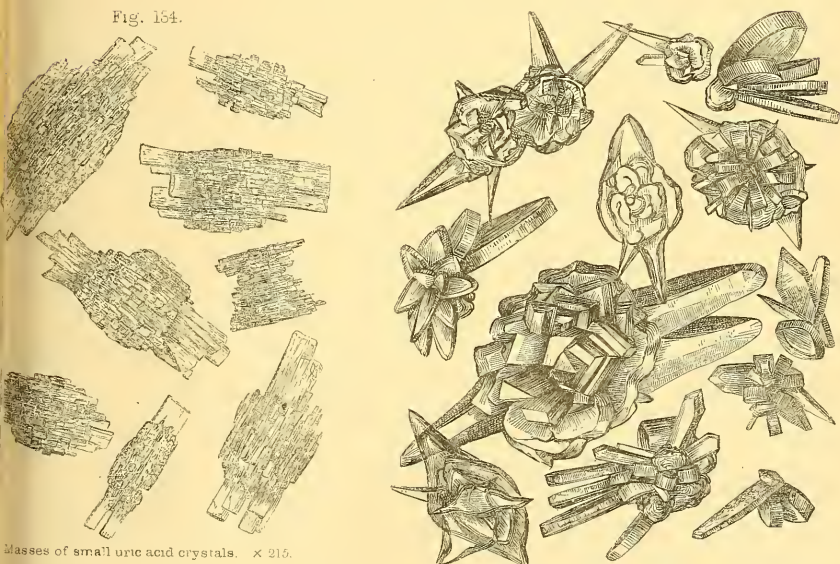
URINARY DEPOSITS.

Fig. 133.



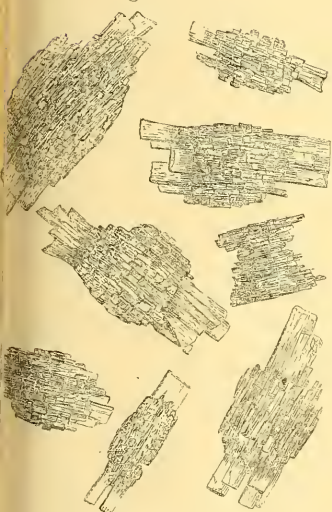
Groups of crystals of uric acid, often termed 'cayenne-pepper grains,' with octahedra of oxalate of lime. x 215.

Fig. 135.



Beautiful aggregations of uric acid x 215.

Fig. 134.

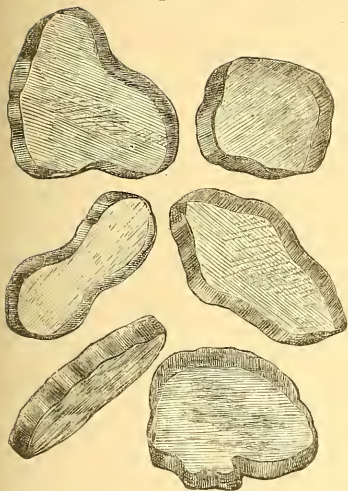


Masses of small uric acid crystals. x 215.

$\frac{1}{1000}$  of an inch  x 215.

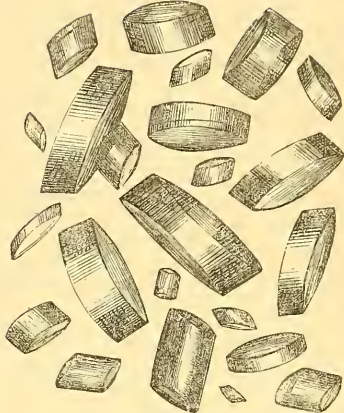


Fig. 136.



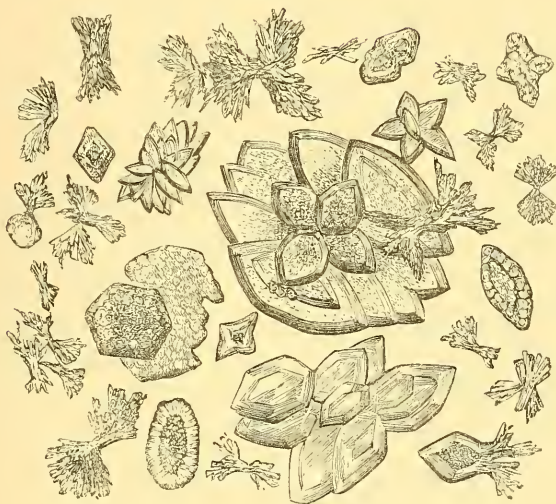
Large fiddle-shaped flattened crystals of uric acid.  
× 130.

Fig. 137.



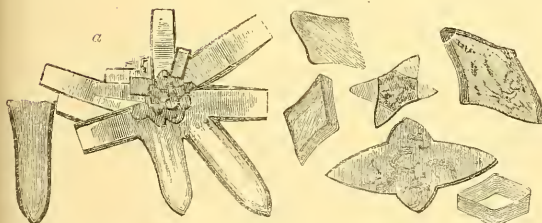
Uric acid from urine × 130

Fig. 138.



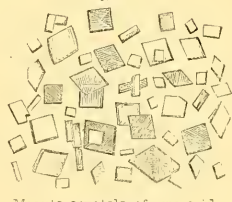
Curious forms of uric acid from urine × 215

Fig. 139.



Large halbert-shaped crystals of uric acid a, 'cayenne-pepper' grain.  
× 215.

Fig. 140.



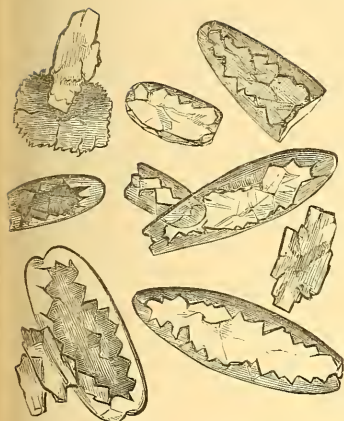
Minute crystals of uric acid.  
× 215.

$\frac{1}{1000}$  of an inch  $\frac{1}{1000}$  130.  
 " "  $\frac{1}{1000}$  × 215.



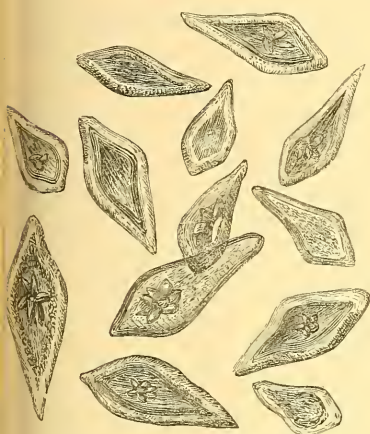


Fig. 141.



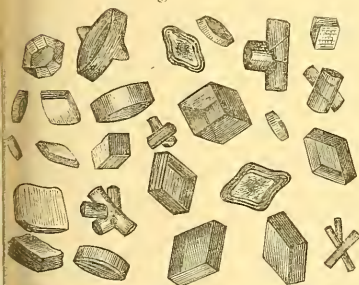
Common lamellar crystals of uric acid, perfectly colourless.  
Sent by Mr. Lawrence.  $\times 215$ .

Fig. 143.



Crystals of uric acid from urine.  $\times 130$ .

Fig. 146.



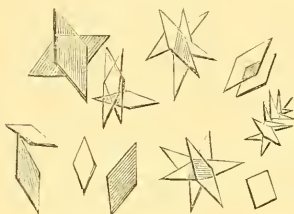
Common rhomboidal and cubical forms of uric acid from urine.  $\times 215$ .

Fig. 142.



Lozenge-shaped crystals of uric acid, precipitated by the addition of acid to urine.  $\times 215$ .

Fig. 144.



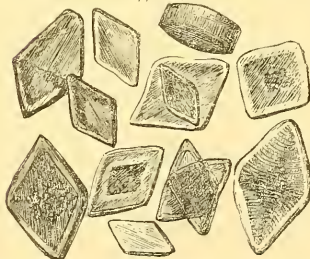
Lozenge-shaped crystals of uric acid obtained by adding acid to urine.  $\times 215$ .

Fig. 145.



Common forms of uric acid crystals.

Fig. 147.



Large crystals of uric acid, deposited in urine after standing.  $\times 130$ .

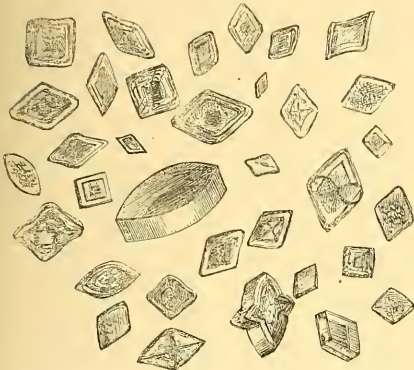
$\frac{1}{1000}$  of an inch  $\square \times 130$ .  
" "  $\square \times 215$ .

[To follow PLATE XXV.]



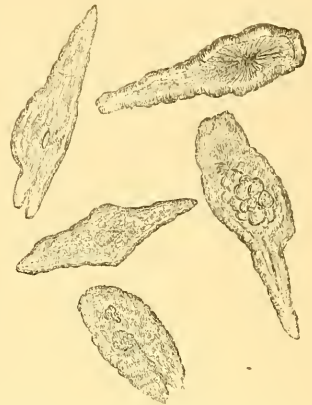


Fig. 143.



Rhomboidal crystals of uric acid. Very common form  
x 215.

Fig. 149.



Curious forms of uric acid, deposited in the  
urine of a case of fatty degeneration of the  
kidneys. x 130.

Fig. 150



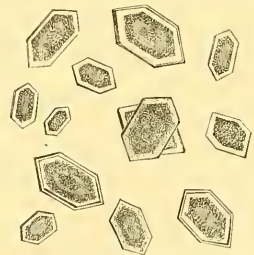
Large, very transparent glomeruli of uric acid, from urine. x 130.

Fig. 151.



Round, oval, and spear-headed masses of uric acid.  
Deposited from urine. x 215

Fig. 152.



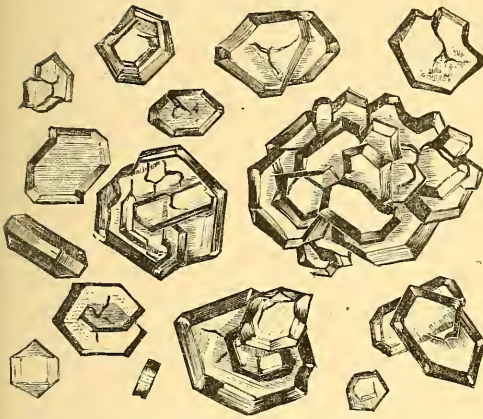
Hexagonal crystals of uric acid. This form  
occurs in urine very rarely x 130.

$\frac{1}{1000}$  of an inch L x 130.

" " " x 215.

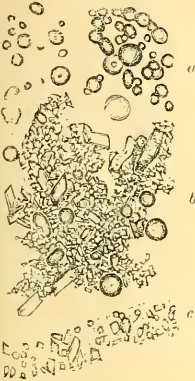


Fig. 153.



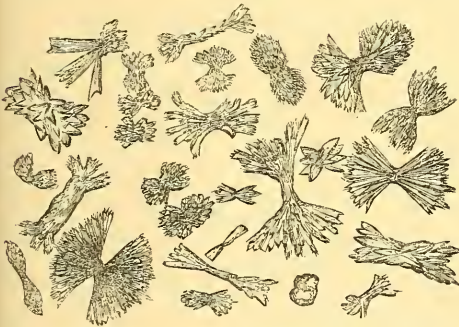
Perfectly colourless crystals of uric acid, resembling cystine. From the urine of an epileptic patient. Sent by Dr. Head.  $\times 215$ .

Fig. 155.



*a*, large spherules of urate of soda. *b*, film composed partly of urate of soda and partly of uric acid. *c*, uric acid. From the urine of a case of long-continued bilious and remittent fever. Sent by Dr. Kennion.  $\times 42$ .

Fig. 157.



Dumb-bell-like crystals of uric acid, obtained by adding hydrochloric acid to urine. Sent by T. W. Roper, Esq.  $\times 215$ .

$\frac{1}{1000}$  of an inch  $\times 42$ .

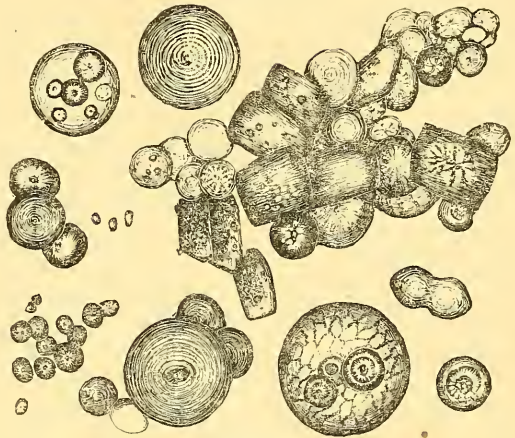
" "  $\times 215$ .

Fig. 154.



Small crystals of uric acid of a rhomboidal form; many of them resemble sections of small cylinders.

Fig. 156.

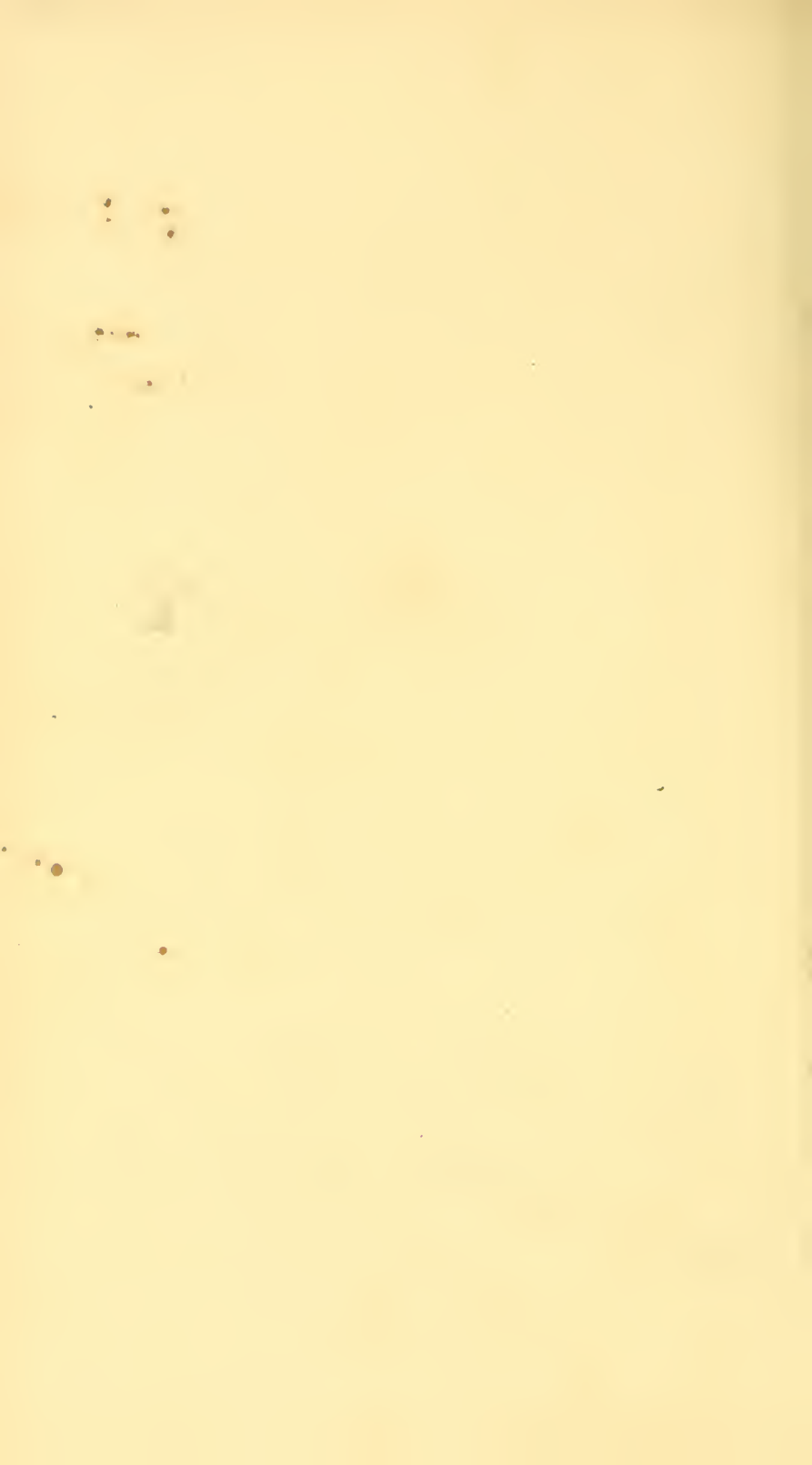


The spherules of urate of soda (Fig. 155) more highly magnified  $\times 215$ .

Fig. 158.



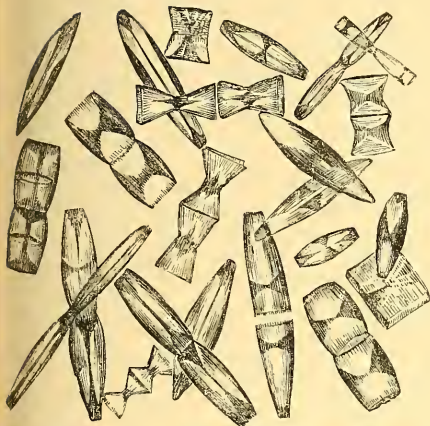
Crystals of uric acid, partly disintegrated. From a specimen which had been preserved for many years in the naphtha and creosote fluid.  $\times 215$ .





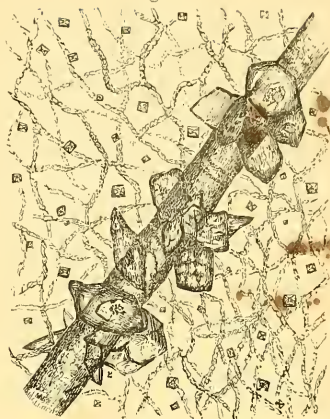
URINARY DEPOSITS.

Fig. 159.



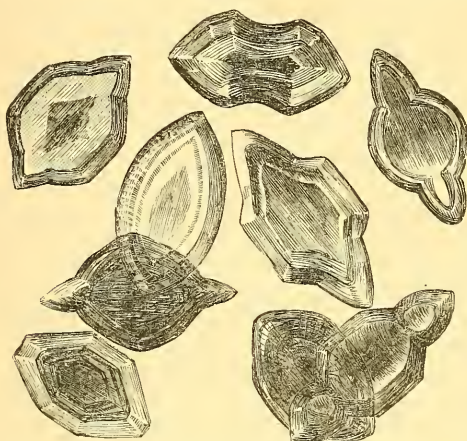
Curious crystals of uric acid. From a specimen of urine sent by Mr. Atchley.  $\times 215$ .

Fig. 160.



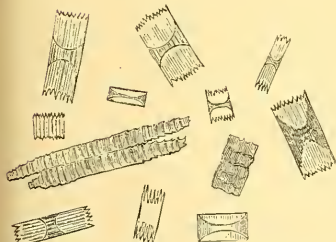
Uric acid crystallized round a hair; also octahedra of oxalate of lime, and penicillium glaucum. From the urine of a patient suffering from chronic bronchitis and emphysema.  $\times 215$ .

Fig. 161.



Very large and symmetrical crystals of uric acid, from urine. The form and peculiar markings of the crystals are well seen.  $\times 215$ .

Fig. 162.



Forms of uric acid produced by rapid crystallization after the addition of nitric or hydrochloric acid to urine.  $\times 215$ .

Fig. 163.



Small crystals of uric acid massed together so as to form a plate.  $\times 215$ .

p. 372.

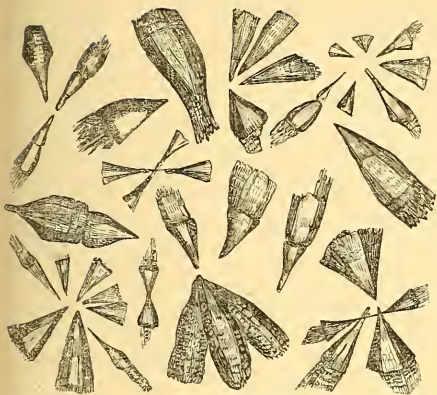
$\frac{1}{1000}$  of an inch,  $\times 215$ .

[To follow PLATE XXVIII.]





Fig. 164.



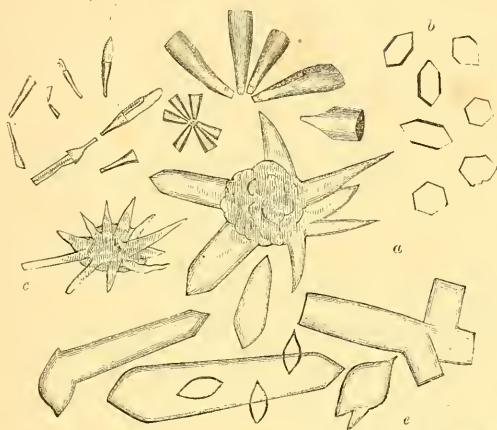
Quadrilateral pyramidal crystals of uric acid. Precipitated from urine by nitric acid.  $\times 215$ . p. 371.

Fig. 165.



Uric acid from the urine of a case of fatty degeneration of the kidneys.  $\times 45$ .

Fig. 166.



Less common forms of uric acid crystals. *a*, crystal like cayenne-pepper from. *b*, six-sided crystals. *c*, mass with small uric acid crystals projecting from it. *d*, small pyramidal crystals of uric acid; very uncommon. *e*, peculiar forms of uric acid.

Fig. 167.



Irregularly shaped crystalline plates, consisting of uric acid From urine.  $\times 315$ .

Fig. 168.



Two forms of uric acid. From a specimen of urine sent by Mr. Atchley  $\times 45$ .

$\frac{1}{1000}$  of an inch  $\sim \times 42$ .

" "  $\sim \times 260$ .



Fig. 169.

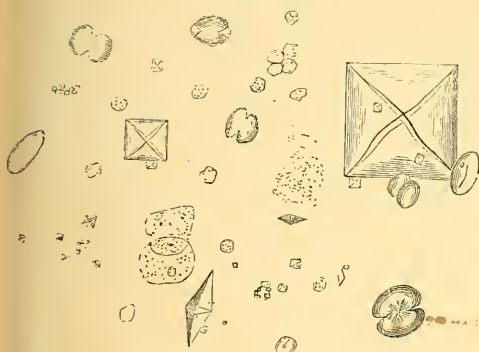


Fig. 170.

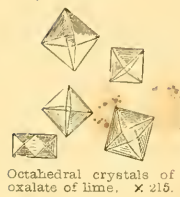
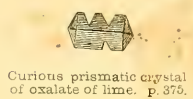
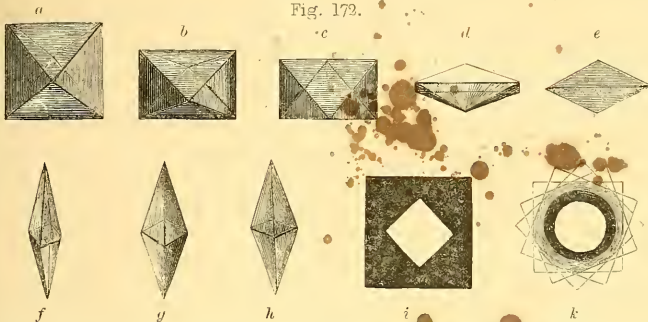


Fig. 171.



Dumb-bell and octahedral crystals of oxalate of lime. One very large octahedron is seen at the right-hand side of the figure.  $\times 215$ . p. 378.

Fig. 172.



*a, b, c, d, e*, to illustrate the appearance of the same octahedron of oxalate of lime viewed in different positions. The crystal is supposed to be seen first lying upon one of its broad surfaces, and then gradually rotated from the observer until one edge is opposite the eye. *f, g, h*, the same crystal seen sideways, one of the lateral angles being towards the eye. *i*, the appearance of an octahedron when mounted as a dry object. *k*, unusual form of compound crystal of oxalate of lime. p. 375.

Fig. 173.



Circular and oval forms. p. 377

Dumb bell crystals and allied forms of oxalate of lime. p. 377

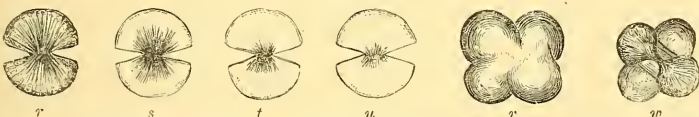
Fig. 174.



Dumb-bell crystals and allied forms of oxalate of lime


Crystals approximating in form to the perfect dumb-bell.

Fig. 175.

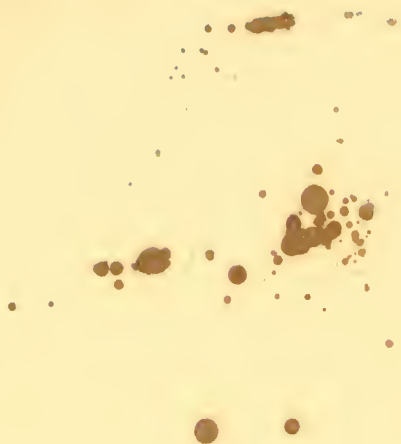


Perfect dumb-bell crystals of oxalate of lime which have been subjected to the prolonged action of weak acetic acid, by which much of the salt has been dissolved out from the organic matrix, which exhibits the appearance of a cell wall. p. 376.

Masses consisting of two dumb-bell crystals joined together.

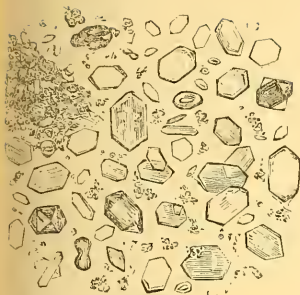
$\frac{1}{1000}$  of an inch   $\times 215$

(To follow PLATE XXX.)



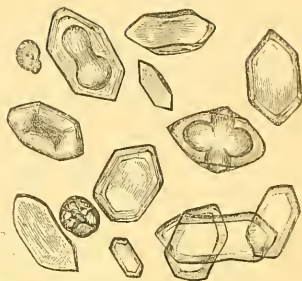
URINARY DEPOSITS.

Fig. 176.



Modified forms of oxalate of lime. From the urine of a patient who was poisoned by oxalic acid. p. 392.  $\times 215$ .

Fig. 177.



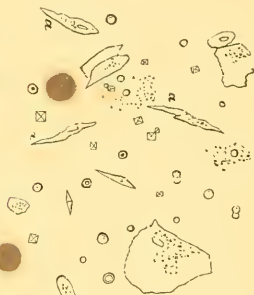
Some of the crystals in Fig. 176 magnified 550. p. 392.

Fig. 178.



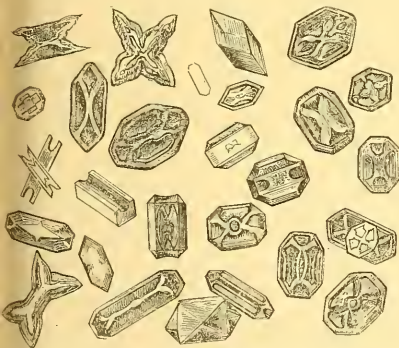
Feathery crystals of phosphates of lime and magnesia, with sections of octahedra of oxalate of lime, the angles of which are rounded. p. 390.  $\times 215$ .

Fig. 179.



Small globules and octahedra of oxalate of lime.

Fig. 179\*.



Beautiful crystals of triple phosphate, exhibiting peculiar markings resulting from partial solution.  $\times 215$ .

Fig. 180.



Crystals of triple phosphate; the prismatic portion of which is defective, and casts containing oil from the urine of a patient suffering from chronic nephritis, with partial fatty degeneration. p. 390.

$\frac{1}{1000}$  of an inch  $\frac{1}{1000}$ ,  $\times 215$ .

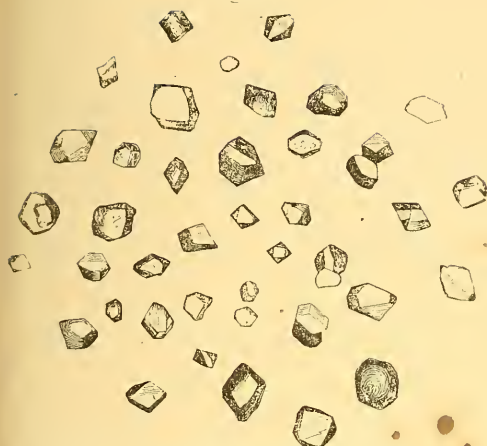
[To follow PLATE XXXI.]





URINARY DEPOSITS.

Fig. 181.



Modified form of triple phosphate or phosphate of lime and triple phosphate.  $\times 150$ . Sent by Mr. Richardson, of Dublin.

Fig. 181\*.



Octahedra and dumb-bells of oxalate of lime, and curious forms of fungi found in the urine of a young man passing much oxalate of lime.  $\times 215$ .

Fig. 184.



Dumb-bells subjected to the prolonged action of acetic acid, showing the crystalline material nearly dissolved away. p. 377.

Fig. 182.



Collection of dumb-bells firmly adherent to each other. Such a mass might very easily become converted into a small calculus by deposition of material of a similar composition in the intervals. p. 379.  $\times 215$ .

Fig. 183.



Minute crystals of oxalate of lime, with sporules of fungi resembling blood corpuscles.  $\times 215$ .

Fig. 185.



Perfect dumb-bell crystals from the urine of a child, two years old, suffering from jaundice. p. 379.  $\times 215$ .

Fig. 186.



Dumb-bell crystals of oxalate of lime aggregated together, and forming a minute calculus. p. 379.  $\times 215$ .

Fig. 187.

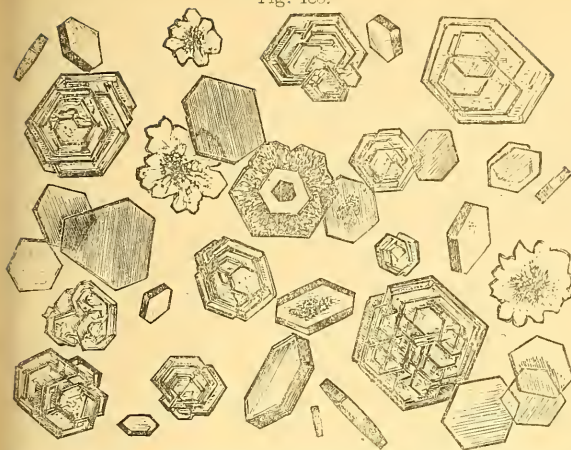


Spherical, oval, and dumb-bell crystals of oxalate of lime, with larger spherules, which may be regarded as microscopic calculi.  $\times 215$ .

1/1000 of an inch [ ]  $\times 215$ .

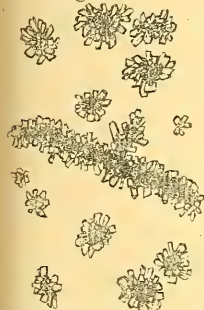


Fig. 188.



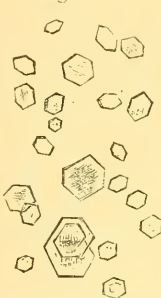
Crystals of cystine from the urine of an insane patient. Numerous crystals of uric acid were also present in the deposit. p. 353. x 215.

Fig. 190.



Clusters of crystals of cystine, formed by evaporating a solution of the crystals represented in Fig. 188 in ammonia. x 215.

Fig. 191.



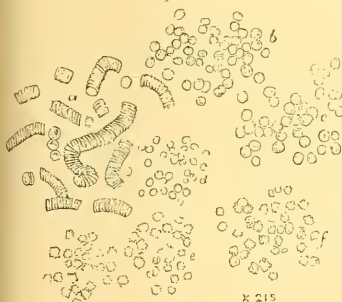
Six-sided crystals of cystine, formed from a solution of the crystals in ammonia.

Fig. 192.



Irregularly formed crystals of cystine, formed by allowing the ammoniacal solution (Figs 190, 191) to evaporate to dryness. x 215.

Fig. 194.



Blood corpuscles, a, b, c, taken from the living body; d, e, f, from the urine. d, corpuscles smaller than natural; at e their circumference is serrate and ragged; and at f a somewhat similar appearance is shown. p. 398.

Fig. 197.



Tubercle corpuscles from a tubercle in the lung. p. 344. x 115.

Fig. 198.



Cells found in the urine of a case of renal dropsy. p. 395.

Fig. 195.



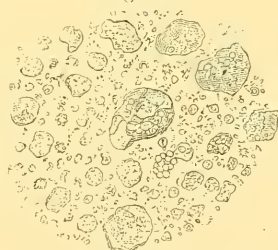
Large cells filled with granular matter; chronic bronchitis. p. 399.

Fig. 199.



Epithelium from the uterine tubes and pelvis of the kidney, with granules of colouring matter embedded in them. p. 390. x 215.

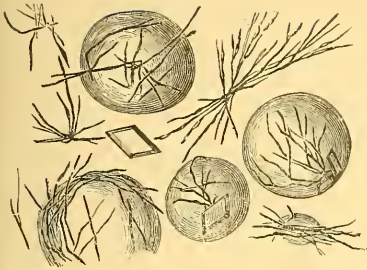
Fig. 200.



Enterococci and streptococci in menstrual secretion. p. 388.



Fig. 201.



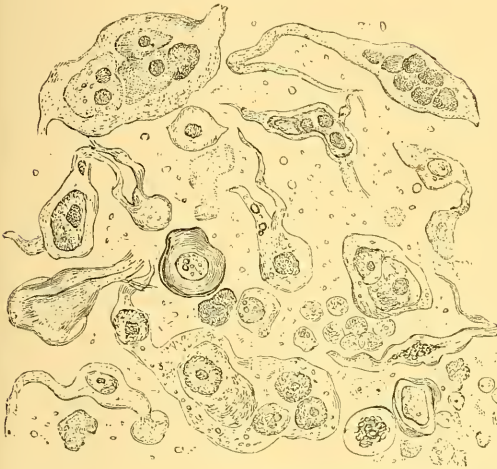
Rhomboidal and feathery crystals of hæmatoidin from a softened clot Human. p. 339.  $\times 215$ .

Fig. 202.



Feathery crystals of hæmatoidin found in the urine a fortnight after slight rupture (?) of one kidney. Human subject p. 389.  $\times 215$ .

Fig. 203.



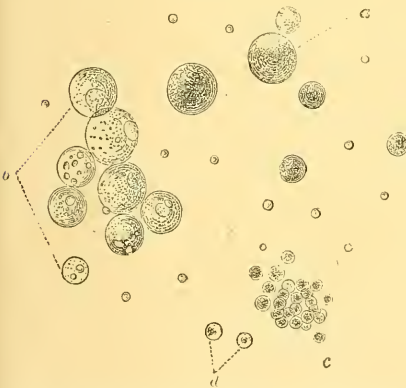
Cancer cells from the urine in a very bad case of cancer of the uterus. The deposit was very abundant. p. 394.

Fig. 204.



Cancer cells found in urine. From the bladder. p. 394.

Fig. 205.



Cells from the urine of a case of acute rheumatism. *a*, in the natural state. *b*, treated with acetic acid. *c*, resembling pus. *d*, the same treated with acetic acid. The small circular bodies are blood corpuscles. p. 395.

Fig. 206.



Blood clots in the form of irregularly shaped cords. From the vagina, found in urine. p. 390.  $\times 215$ .

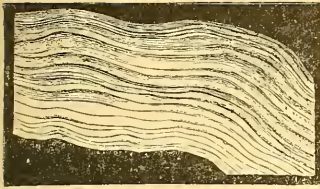
$\frac{3}{1000}$  of an inch  $\times 215$ .

All these figures  $\times 215$ .



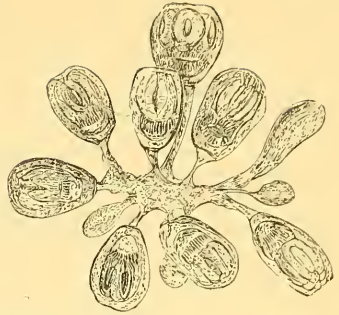


Fig. 1.



Layers of which the wall of an hydatid cyst is composed. p. 397.  $\times 215$ .

Fig. 2.



Echinococci from hydatid. Liver of ox. p. 393.  $\times 10$ .

Fig. 3.



Echinococci. p. 398.  $\times 42$ .

Fig. 4.



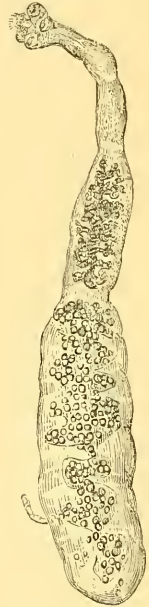
Free hooklets from echinococcus. p. 399.  $\times 215$ .

Fig. 5.



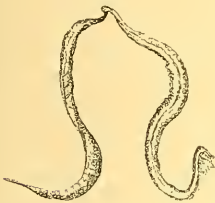
Hooklet of echinococcus. p. 399.  $\times 100$ .

Fig. 6.



Taenia echinococcus. p. 393.  $\times 15$ .

Fig. 7.



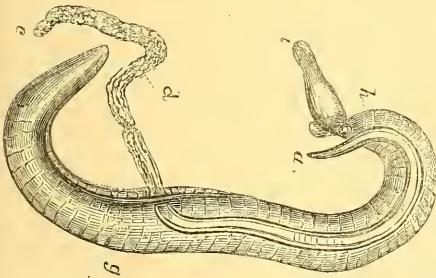
Diplosoma crenata; one-half the real size. After Dr. Farre. p. 399.

Fig. 8.



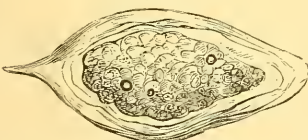
Ova of bilharzia hematobia in urinary deposit. Drawn from a preparation of Dr. Harley's. p. 401.  $\times 15$ .

Fig. 11.



Bilharzia hematobia. a, c, d, the female lodged in the gynæcophoric canal of the male, h, i, g. After Bilharz.

Fig. 9.



Ovum of bilharzia hematobia, from a specimen of Dr. John Harley's. p. 401.  $\times 215$ .

Fig. 10.



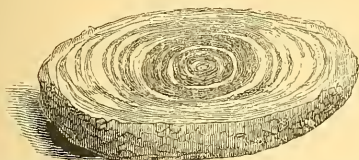
Ova of bilharzia hematobia, from urine. Drawn from Dr. Harley's preparations. p. 401.  $\times 130$ .

$\frac{1}{1000}$  of an inch  $\boxed{\phantom{000}} \times 130$ .

" "  $\boxed{\phantom{000}} \times 215$ .

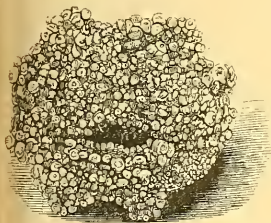


Fig. 1.



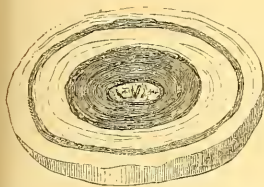
Large uric acid calculus, consisting of concentric layers of uric acid, deposited upon a smaller calculus composed of oxalate of lime. p. 407.

Fig. 3.



Mulberry calculus which was of a rich plum colour. p. 411.

Fig. 6.



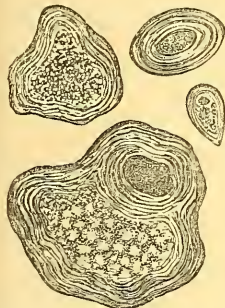
Phosphatic calculus. The composition of the central portion is different to that of the body of the nucleus. p. 413.

Fig. 8.



One large and two small black blood calculi, found in the pelvis of the kidney. p. 409.

Fig. 10.



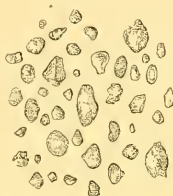
Small phosphatic calculi, from the kidney. The nuclei are composed of a soft granular material, probably consisting of disintegrated epithelium. p. 413.  $\times 130$ .

Fig. 2.



A beautiful example of oxalate of lime calculus, the surface of which is of a pale brown colour, and the tubercles small and delicate. p. 411.

Fig. 4.



Small prostatic calculi. p. 415.

Fig. 5.



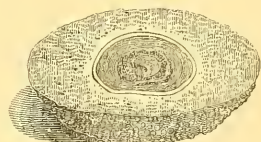
Large mulberry calculus, two-thirds the real size. p. 411.

Fig. 7.



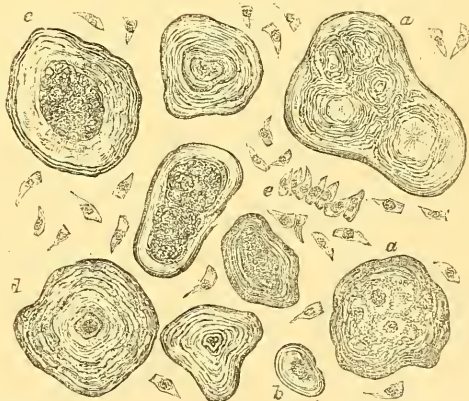
Blood calculus from one of the infundibula of the kidney. p. 409.

Fig. 9.



Phosphatic calculus. The nucleus being composed of a small uric acid calculus. p. 413.

Fig. 11.



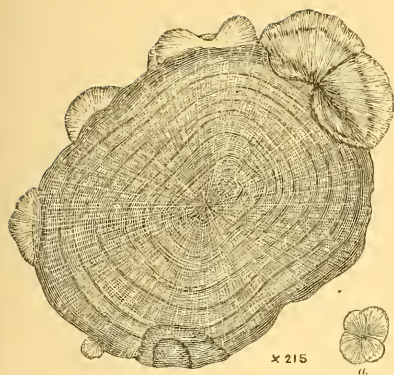
Very small calculi, from the follicles of the prostate gland of a man aged 40, who died of pneumonia of three weeks' duration. The structure of the bladder and prostate seemed perfectly healthy. *a*, calculi composed of a number of smaller ones; *b*, very small calculus containing a single granular cell in the interior; *c*, calculi composed of a collection of cells around which the hard material has been deposited; *d*, calculus in which the nucleus seems to be crystalline; *e*, epithelium from the ducts of the prostate. p. 417.  $\times 215$ .

$\frac{1}{1000}$  of an inch  $\times 215$ .



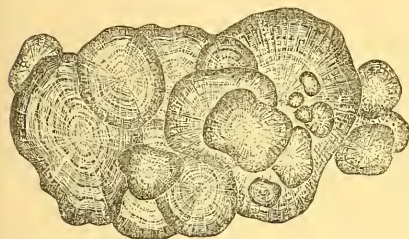


Fig. 12.



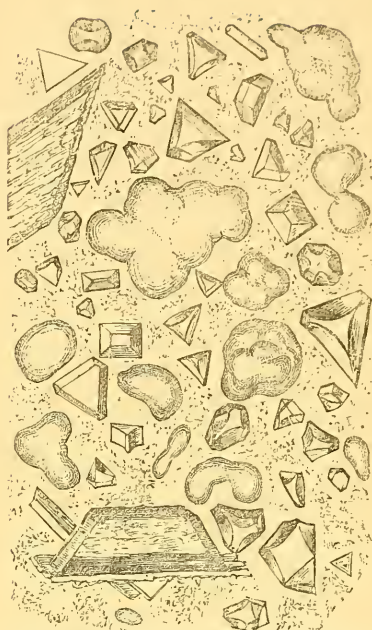
Small compound oxalate of lime calculus, found in the urine of a young man who was passing numerous dumb-bells of oxalate of lime and crystals of uric acid. Around the surface numerous large dumb-bells of oxalate of lime are seen partly incorporated with the mass. pp. 410, 420.  $\times 215$ .

Fig. 13.



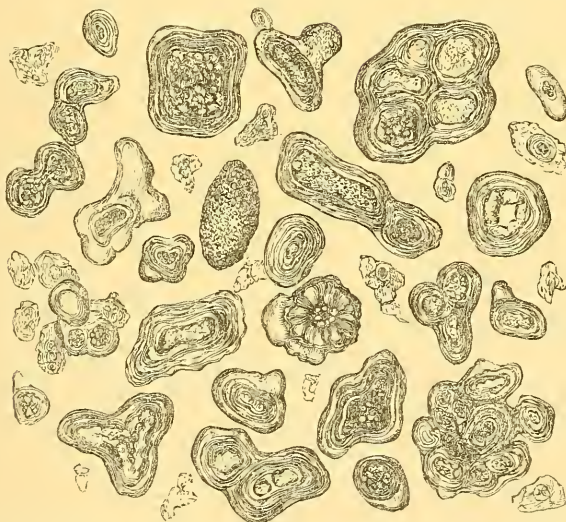
Compound oxalate of lime calculus, from the same case as that shown in Fig. 12. pp. 410, 420.  $\times 130$ .

Fig. 14.




Urinary deposit, consisting of crystals of triple phosphate and numerous smooth and irregularly shaped microscopic oxalate of lime calculi. From a patient suffering from symptoms of renal calculus. Sent by Dr. Cotton. p. 420.  $\times 215$ .

Fig. 15.



The same calculi as shown in Fig. 14, after being treated with acetic acid, dried and mounted in Canada balsam. The nuclei and concentric layers of each individual calculus have been rendered beautifully distinct. p. 420.  $\times 215$ .

$\frac{1}{1000}$  of an inch   $\times 215$ .

[To face page 420.]





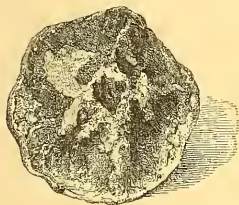
## URINARY CALCULI.

Fig. 16.



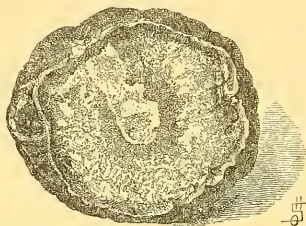
A calculus in which spontaneous fracture has occurred in the internal layers only, the separated portion appears to have become again cemented, and encrusted with a subsequent deposit. After Mr. Southam. p. 434.

Fig. 17.



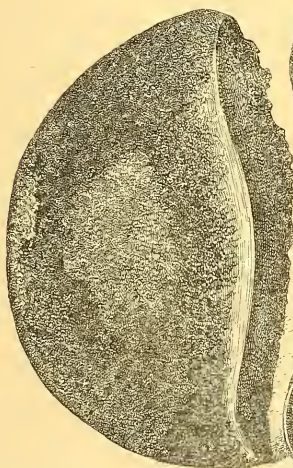
Urethral portion of a calculus, removed by Mr. Southam, from a boy, aged 15. p. 434.

Fig. 18.



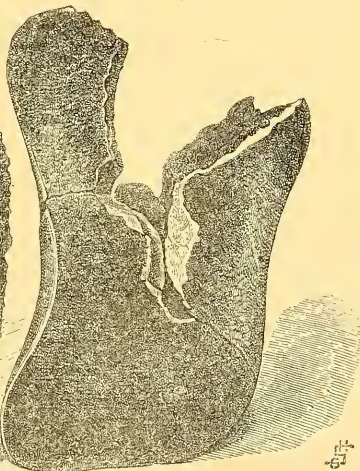
Larger fragment of the same stone, which was in the bladder. The separation was not of recent date. p. 434.

Fig. 19.



Large soft wedge shaped stone, having one rounded surface and two facets, removed by lithotomy, by Mr. Luke. After Mr. Southam. p. 434.

Fig. 20.



Another stone from the same patient, with corresponding facets to those upon the stone represented in Fig. 19.



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